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# LAZARUS CORPORATE FILING SERVICE

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MIAMI, FL 33165 (305) 552-5973	
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CORPORATION NAME(S) & DOCUMENT NUM	BER(S), (if known):
1. ADVANTAGE HTY51 CAL (Corporation Name)	-THERAPY, INC.
2	, <b></b>
(Corporation Name) (I	Document #)
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NEW FILINGS AMEND	MENTS.
Not for Profit Resi	ndment gnation of R.A., Officer/Director nge of Registered Agent olution/Withdrawal ger
OTHER FILINGS REGIST	RATION/QUALIFICATION
Rein	ted Partnership statement emark

Examiner's Initials



#### ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE 1 - NAME

The name of the corporation shall be:

Advantage Physical therapy, Ive.

### ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be: 3594 Dec 143 et HIARLI FC 33175

# **ARTICLE III - SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

AlFRED Ch. CABRERA.

100 Shares

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

AlFRED Ch. Cabrera. 3594 DW 143 et HIAMI FC 33175

#### **ARTICLE V - INCORPORATOR**

The name and street address of the incorporator to these Articles of
Incorporation is:
ALFRED Ch. CLBRERA.
3594 sw 143 et mismi FC 33175
The undersigned incorporator has executed these Articles of
Incorporation this $04$ day of $109$ 2007 $= 29$
PS - The state of
Signature
Jagnature Co
ARTICLE VI- DIRECTOR(S)
The name(s) and street address (es) of the director(s) to these Articles of
Incorporation is (are):
01 01 01
AlFRED Ch. CABRERA.

## **CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE**

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature