

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 205-0381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 12000000146

: (305)444-4994

Phone Fax Number

: (305)444-4977

FLORIDA PROFIT/NON PROFIT CORPORATION

ADVANTAGE THERAPY CENTER, INC.

Certificate of Status	0
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

(((H07000200266)))

ARTICLE I NAME

The name of the corporation shall be:

ADVANTAGE THERAPY CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3970 W. FLAGLER ST SUITE: 204 MIAMI FL 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

SHARES: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

JOSE ALEXANDER LOPEZ - PD 3970 W. FLAGLER ST SUITE: 204

MIAMI FL 33134

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

JOSE ALEXANDER LOPEZ

3970 W. FLAGLER ST SUITE: 204

MIAMI FL 33134

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

JOSE ALEXANDER LOPEZ

3970 W. FLAGLER ST SUITE: 204

MIAMI FL 33134

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificale, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Date

AUGUST 8TH 2007

Date

AUGUST 8TH 2007

Date

Date

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