

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : 120010000247
Phone : (800) 494-3124
Fax Number : (305) 675-2811

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
MIRACLE HEALTH CENTER/ PHYSICAL THERAPY OF KISSIMMEE

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

MIRACLE HEALTH CENTER/ PHYSICAL THERAPY OF KISSIMMEE P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is :

805 -3 EAST OAK STREET

KISSIMMEE FL 34741

ARTICLE III PURPOSE

The purpose for which the corporation is to provide Medical Services

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is:

DIRECTOR:

KIM LUNA

805 -3 EAST OAK STREET

KISSIMMEE FL 34741

DIRECTOR

ROBINSON LUNA

805 -3 EAST OAK STREET

KISSIMMEE FL 34741

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PAGE 2 MIRACLE HEALTH CENTER/ PHYSICAL THERAPY OF KISSIMMEE P.A.

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

KIM LUNA

805 -3 EAST OAK STREET

KISSIMMEE FL 34741

ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

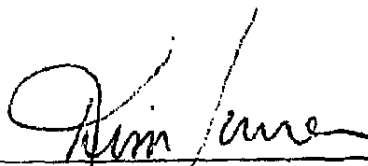
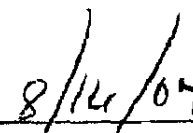
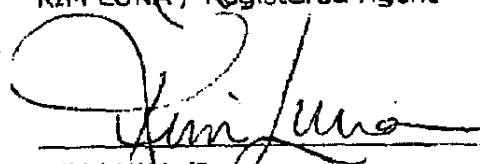
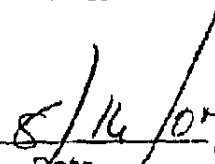
KIM LUNA

805 -3 EAST OAK STREET

KISSIMMEE FL 34741

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


KIM LUNA / Registered Agent
Date
KIM LUNA / Incorporator
Date

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