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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : FASTKIT CORPORATE OUTFITS
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

ALLIED THERAPY PROFESSIONALS, INC.

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME
The name of corporation shall be:
ALLIED THERAPY PROFESSIONALS, INC.

ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:
1720 NE 37 PLACE
HOMESTEAD, FL 33033

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
SPEECH-LANGUAGE AND RESPIRATORY CARE SERVICES.

ARTICLE IV SHARES
The number of shares of stock is:
100 Shares $1.00 each one.

ARTICLE V INITIAL OFFICERS/DIRECTORS (Optional)
The name(s) and address (es)
FRANCIA ROJAS, PRESIDENT, 50.00% SHARES OF STOCK
1720 NE 37 PLACE
HOMESTEAD, FL 33033
JOSE A. GONZALEZ
1720 NE 37 PLACE
HOMESTEAD, FL 33033

ARTICLE VI REGISTERED AGENT
The name and Florida Street address of the registered agent is:
JOSE A. GONZALEZ
1720 NE 37 PLACE
HOMESTEAD, FL 33033

ARTICLE VII INCORPORATOR
The name and address of the incorporator is:
JOSE A. GONZALEZ
1720 NE 37 PLACE
HOMESTEAD, FL 33033

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.

Signature/Registered Agent — **Date** 10/17/07

Signature/Incorporator — **Date** 10/17/07