

Florida Department of State

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Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION

STEPS PHYSICAL THERAPHY, INC.

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

STEPS PHYSICAL THERAPY, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

9432 SW 89^{TE} COURT MIAMI, FL 33176

ARTICLE III SHARES

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

ONE THOUSAND (1,000) SHARES

ARTICLE IV DIRECTORS/OFFICERS

The names, addresses, and titles of the Directors/Officers are:

RAMIRO NIEVES PRESIDENT/SECRETARY/DIRECTOR

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

RAMIRO NIEVES 9432 SW 89TH COURT MIAMI, FL 33176

ARTICLE VI INCORPORATORS

The name and street address of the incorporator to these Articles of Incorporation is:

RAMIRO NIEVES 9432 SW 89^{TR} COURT MIAMI. FL 33176

The undersigned incorporator has executed these Articles of Incorporation this 213 day of July, 2009.

Signature

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

STEPS PHYSICAL THERAPY, INC

2. The name and address of the registered agent and office is:

RAMIRO NIEVES 9432 SW 89^{TA} COURT MIAMI, FL 33176

Having been name as registered agent and to accept service of process for the above stated corporation at the 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Signature)

mine Medier 7/21/59

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SECRETARY OF STATE