

05/12/2011

305220144

PAGE 01/04

http://state.suiz.org/scripts/efilcovr.e

P11000045990

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000129644 3)))



H110001296443ABC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : 120000000019  
Phone : (305) 552-5973  
Fax Number : (305) 220-1440

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**OMEGA THERAPY CENTER INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

*K 05/13/11*

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED

11 MAY 12 AM 11:59

DIVISION OF CORPORATIONS

FILED

11 MAY 12 PM 12:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05/12/2011 10:14

3052201440

LAZARUS

PAGE 02/04

850-617-6381

5/12/2011 10:32:27 AM PAGE 1/001 Fax Server

050-021-340



May 12, 2011

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LAZARUS

SUBJECT: AMERICA THERAPY CENTER INC.  
REF: W11000026445

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P10000083902 (AMERICA THERAPY CENTER INC.).

If you have any further questions concerning your document, please call (850) 245-6928.

Tim Burch  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H11000129644  
Letter Number: 711A00011796

H11000129644

## 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 I - NAME

The name of the corporation shall be:

OMEGA THERAPY CENTER INC.

### ARTICLE II - PRINCIPAL OFFICE

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

175 FONTAINEBLEAU BLVD. SUITE 2-A3  
Miami FL 33172

### ARTICLE III - SHARES

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

100

### ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Rayxel HERRERA

175 FONTAINEBLEAU BLVD. SUITE 2-A3  
Miami FL 33172

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 MAY 12 PM 12:02

FILED

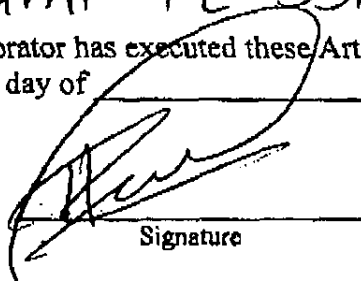
H11000129644

H11000129644

**ARTICLE V - INCORPORATOR**

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

Rayxel Herrera  
175 Fontainebleau Blvd. Suite 2-A3  
Miami FL 33172

The undersigned incorporator has executed these Articles of Incorporation this  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.  
Signature**ARTICLE VI- DIRECTOR (S)**The name(s) and street address (es) of the director(s) to these Articles of  
Incorporation is (are):

Rayxel Herrera (P)

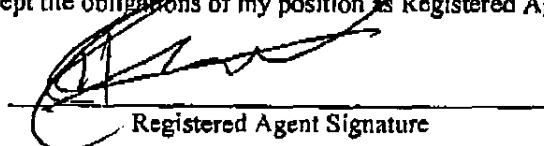
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 MAY 12 PM 12:02

FILED

**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

H11000129644