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#2718 P.001/004

**P120000016450**

Florida Department of State  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
INTENSIVE THERAPY INC.**

Certificate of Status	0
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February 16, 2012

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LAZARUS

SUBJECT: INTENSIVE THERAPY INC.  
REF: W12000009292

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FAX Aud. #: H12000041479  
Letter Number: 612A00007219

P.O BOX 6327 - Tallahassee, Florida 32314

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**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:

INTENSIVE THERAPY INC.

**ARTICLE II - PRINCIPAL OFFICE**

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

85 GRAND CANAL DR. #102  
MIAMI FL 33144

**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:

MIGUEL ANGEL GARCIA  
85 GRAND CANAL DR. #102  
MIAMI FL 33144

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**ARTICLE V - INCORPORATOR**

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

MIGUEL ANGEL GARCIA  
85 GRAND CANAL DR. #102  
MIAMI FL 33144

The undersigned incorporator has executed these Articles of Incorporation this  
14 day of February 2012.

Signature

**ARTICLE VI - DIRECTOR (S)**The name(s) and street address (es) of the director(s) to these Articles of  
Incorporation is (are):

MIGUEL ANGEL GARCIA (P)  
85 Grand Canal Dr. #102  
Miami FL 33144

SECRETARY OF STATE  
TALLAHASSEE, FL 32302

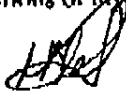
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**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT**  
**/REGISTERED OFFICE**

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

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