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Florida Department of State  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
A.O MEDICAL SERVICES AND THERAPY, INC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 03      |
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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:

A.O MEDICAL SERVICES AND THERAPY, INC

**ARTICLE II - PRINCIPAL OFFICE**

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

6355 SW 8 ST SUITE 500 E  
MIAMI, FL 3314

**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:

RANDOL RANGEL

6355 SW 8 ST SUITE 500 E

MIAMI, FL 33144

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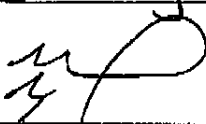
**ARTICLE V - INCORPORATOR**

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

RANDOL RANGEL  
6355 SW 8 ST SUITE #500E  
MIAMI FL 33144

The undersigned incorporator has executed these Articles of Incorporation this

4 day of January 20 13.



Signature

**ARTICLE VI- DIRECTOR (S)**

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

RANDOL RANGEL - President

SECRETARY OF STATE  
TALLAHASSEE FL 32304

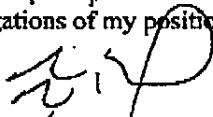
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**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT****/REGISTERED OFFICE**

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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