

9/19/13

Division of Corporations

P13000078185

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.

(((H13000208680 3)))



H130002086803ABC

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 : ALLSTATE MEDICAL CONSULTING
Account Number : I20110000067
Phone : (786) 362-0124
Fax Number : (786) 558-4546

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

Email Address: _____

RECEIVED

13 SEP 19 AM 10:19

ALLSTATE MEDICAL CONSULTING
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
FIRST THERAPY SERVICES CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 SEP 20 AM 11:52

FILED

MRD 9/23/13

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

FILED

ARTICLE I NAME

The name of the corporation shall be: FIRST THERAPY SERVICES CORP

13 SEP 20 AM 11: 52

ARTICLE II PRINCIPAL OFFICE

Principal street address

3900 NW 79 AVE. SUITE 598
MIAMI, FL 33166

Mailing address

16830 SW 108th AVE
MIAMI, FL 33157

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: P ZAMORA, OSMAY

Name and Title: _____

Address: 3900 NW 79 AVE. SUITE 598
MIAMI, FL 33166

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

FILED

13 SEP 20 AM 11: 52

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:

ZAMORA, OSMAY

Address:

3900 NW 79 AVE. SUITE 598

MIAMI, FL 33166

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name:

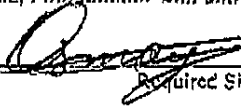
ZAMORA, OSMAY

Address:

3900 NW 79 AVE. SUITE 598

MIAMI, FL 33166

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

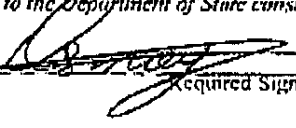


Required Signature/Registered Agent

9/11/2013

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

9/11/2013

Date