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From:

Account Name : CLARA GIRALDO, P.A.

Account Number : I19990000017 Phone : (305)485-9300

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FLORIDA PROFIT/NON PROFIT CORPORATION PHISYCAL THERAPY (LENTERING.

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April 12, 2017

FLORIDA DEPARTMENT OF STATE Division of Corporations

CLARA GIRALDO, P.A.

SUBJECT: PHISYCAL THERAPY REHAB, INC.

REF: W17000031847

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DANIEL L O'KEEFE Regulatory Specialist II FAX Aud. #: H17000099886 Letter Number: 317A000071).8

ARTICLES OF INCORPORATION

OF

PHISYCAL THERAPY CENTER, INC.

THE UNDERSIGNED, has executed the following document
as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE 1

The name of this corporation shall be:

PHISYCAL THERAPY CENTER, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be Transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:

 To have perpetual succession by its corporate

PHISYCAL THERAPY CENTER, INC.

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is

the total sum of 50 shares, having an individual par value of \$10.00 Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

LILIANA CURBELO 10901 SW 56 ST MIAMI, FL 33165

The principal office shall be:

10901 SW 56 ST MIAMI, FL 33165

ARTICLE VI

The initial Board of Directors shall consist of a total of ONE (1) person, and the name and address of the person who is to serve as an initial director is:

LILIANA CURBELO 10901 SW 56 ST MIAMI, FL 33165

The name and address of the incorporator executing these Articles of Incorporation

LILIANA CURBELO 10901 SW 56 ST MIAMI, FL 33165 **PRESIDENT**

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this APRIL 07, 2017.

LILIANA CURBELO

CERTIFICATE OF DESIGNATION REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provision of sections 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:

PHISYCAL THERAPY CENTER, INC.

2. The Name and Address of the registered agent and office is:

LILIANA CURBELO 10901 SW 56 ST MIAMI, FL 33165

HAVING BEEN NAMED 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.

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