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	Division of Corporations				
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	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	<u></u>	SAN.	
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## FLORIDA PROFIT/NON PROFIT CORPORATION THERAPY & MEDICAL SERVICE INC

Certificate of Status	0
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## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit) ARTICLE 1 NAME: The name of the corporation is: ARTICLE II PRINCIPAL OFFICE: The principal street address and mailing address is: ARTICLE III SHARES: The number of shares of stock is: INITIAL DIRECTORS AND/OR OFFICERS; (1) ARTICLE V INITIAL REGISTERED AGENT AND STREET AT DRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is: INCORPORATOR: The name and address of the Incorporator is: ARTICLE VI

## Required Signatures:

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

Registered Agent

08 27 2019

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.

ndorporator

0827 2019

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