## 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.

(((H230000952373)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

:637

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone : (305)552-5973

Fax Number : (305)675-5944

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

Email Address:\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION HAPPYHEALTH25 PHYSICAL THERAPY CENTER CORP

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

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Corporate Filing Menu

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## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

The principal street address and mailing	
The principal street address and maning	g address is:
ROIMER E. GONZALEZ GALVEZ	
8200 NW 33rd STE 407	
DORAL, FL, 33122	
RTICLE III SHARES: The number of shares of sto	oek is:
ARTICLE IV INITIAL DIRECTORS AN	D/OR OFFICERS:
ROIMER E. GONZALEZ GALVEZ - P	
8200 NW 33rd STE 407	
DORAL FL. 33122	ው ( መ ( መ )
	T
	<del></del>
ARTICLE V INITIAL REGISTERED AGENT A	ND STREET ADDRESS
The name and Florida street address (PO Box not accepta	
ROIMER E. GONZALEZ GALVEZ	, G
8200 NW 33rd STE 407	
DORAL, FL. 33122	
50101C. 1 C. 0512E	

## 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.

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.8:7.155; F.S.

Marition o

MIZ: 35