P96000077006

Peter Makris 2110 Drew Street Clearwater, FL 34625

August 19, 1996

SECTION 15:5:6:5:15: -09/04/95 -0:114--014 ++++*70.00 **+***70.00

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Gentlemen:

Muscular Therapy I of Tampa Boy, IMI.

I am enclosing the Articles of Incorporation and the Certificate Designating Registered Agent/Registered Office for MUSCULAR THERAPY I, INC. Also enclosed are the applicable fees for the Department of State. Please file the Articles of Incorporation and return the articles back to the address below:

Peter Makris 2110 Drew Street Clearwater, Florida 34625

If there are any questions, or you are having problems filing the Articles, please call me at (813) 446-0000.

Very truly yours,

Peter Makris

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W-18744 KR 9.9



Soptombor 9, 1996

PETER MAKRIS 2110 DREW STREET CLEARWATER, FL 34625

SUBJECT: MUSCULAR THERAPY I, INC.

Ref. Number: W96000018744

We have received your document for MUSCULAR THERAPY I, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6932.

Kimberly Rolfe Document Specialist

Letter Number: 996A00041819



ARTICLES OF INCORPORATION

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MUSCULAR THERAPY I OF TAMPA BAY, INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I. NAME

The name of the corporation shall be:

MUSCULAR THERAPY I OF TAMPA BAY, INC.

The principal place of business of this corporation shall be: 1003 BEAVER DRIVE, TARPON SPRINGS, FLORIDA 31689. The mailing address of this corporation shall be: 1003 BEAVER DRIVE, TARPON SPRINGS, FLORIDA 34689.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 10,000 shares of common stock have \$1.00 per value per share.

ARTICLE IV. TERM OF EXISTENCE

The corporation is to exist perpetually.

ARTICLE V. OFFICERS DIRECTORS

This corporation is to have one director and officer, initially. The name and street address of the initial director and officer who shall hold office for the first year of the corporation's existence, or until his successor is elected or appointed is:

Angelo Haritos President

1003 Beaver Drive Tarpon Srpings, Florida 34689

ARTICLE VI. INCORPORATOR

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

Angelo Haritos

1003 Beaver Drive Tarpon Springs, Florida 34689

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 3 day of Mayor 1996.
Signature of Incorporator Signature of Incorporator
STATE OF FLORIDA COUNTY OF PINELLAS
THE FOREGOING instrument was acknowledged and sworn to before me this all day of the sword of th
Notary Public
Delona R. Konnemore My Commission Expires:

DEBRA R. KENNEMORE
MY COMMISSION # CC 262838
EXPIRES: May 31, 1997
Bonded Tran Notary Public Underwriters

CERTIFICATE DESIGNATING

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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:

MUSCULAR THERAPY I OF TAMPA BAY, INC.

2. The name and address of the registered agent and office is:

Name: ANGELO HARITOS

Address: 1003 BEAVER DRIVE

City: TARPON SPRINGS

State: FLORIDA

Zip: 34689

SIGNATURE

(Corporate Officer)

TITLE:

PRESIDENT

DATE:

<u> 5-31-96</u>

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

DATE: _ 6-21-06