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FLORIDA DIVISION OF CORPORATIONS
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TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4001

FROM: FAS-T CORP. AGENTS, INC.
CONTACT: LIDIA FERNANDEZ
PHONE: (305)599-0839

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NAME: PAUL M. RAMOS, P.T., P.A.
AUDIT NUMBER.....H97000011433
DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.
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** ENTER 'M' FOR MENU. **

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SEC. OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

PAUL M. RAMOS, P.T., P.A.

The principal place of business and mailing address of this corporation shall be:

7366 SW 48 STREET MIAMI, FL 33155

ARTICLE II NATURE OF BUSINESS

This corporation will engage in the practice of physical therapy services by licensed professional physical therapists as permitted under the laws of the State of Florida and the United States.

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ONE HUNDRED SHARES ONE DOLLAR PAR VALUE

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

Prepared by: Pedro Ramos, C.P.A., P.A.

594 E. 9th St.

Hialeah, Fl 33010

(305) 885-9435

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ARTICLE V OFFICERS DIRECTORS

The name(s) and address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

PAUL M. RAMOS 6626 SW 60 STREET MIAMI FL. 33143

ARTICLE V INCORPORATOR(S)
See instructions for officers / directors

The name(s) and street address(es) of the incorporator(s) to this Articles of Incorporation is(are):

PAUL M. RAMOS

6626 SW 60 STREET

MIAMI, FL 33143

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 3RD day of JULY, 1997.


Signature

Signature

Signature

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SECRET
TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT / REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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:

PAUL M. RAMOS, P.T., P.A.

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

PAUL M. RAMOS

(Name)

7366 SW 48 STREET

(P.O. Box or Mail Drop **NOT** acceptable)

MIAMI, FL 33155

(City / State / Zip)

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.


(Signature)

JULY 3, 1997

(Date)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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