TRANSMITTAL LETTER

THERAPY

(Proposed corporate name - must include suffix)

P98000026475

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

400002462104--3 -03/19/98--01063--003 *****78.75 *****78.75

Enclosed is an origina	il and one(1) copy of the article	s of incorporation and a	check for :	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
FROM:	VANITA GAGI	ADDITIONAL CO		
	VANITA GAGE Name (F) 216 SEAVIE MELBOURNE City, 407-726-0- Daytime T	W STREET Address SEACH FLOR State & Zip	1DA 32951	98 MAR 19 AM
	407-726-0 ⁻	7 6 l Felephone number		8:12

ARTICLES OF INCORPORATION

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

ARTICLE I NAME		
The name of the corporation shall be:		–
COMPREHENSIVE THERAPY TINC	re.	
(FOR PROFIT)		
ARTICLE II PRINCIPAL OFFICE		
The principal place of business and mailing address of this of 216 SEAVIEW STREET MELBOURNE BEACH PADDLESS ARTICLE III SHARES The number of shares of stock that this corporation is author ONE THOU SAND AND ONE.	STE 119 F MELBOURNE FLORIDA 32935 BUS AD	5 5 12855 12855
ARTICLE IV INITIAL REGISTERED AGENT The name and Florida street address of the initial registered VANITA GALANI 216 SEAVIEW STREET MELBOYLNE BEACH FLORIDA	agent are:	
ARTICLE V INCORPORATOR	— 	•
The name and address of the incorporator to these Articles VANITA GAGLANI 216 SEAVIEW STREET MEL BOULDE BEACH FLORIDA 3295)	s of Incorporation are: 9 CORPORATIO 8: 12	. . .
Signature/Incorporator	Date	

(An additional article must be added if an effective date is requested.)

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/Registered Agent Date