

PO3000028982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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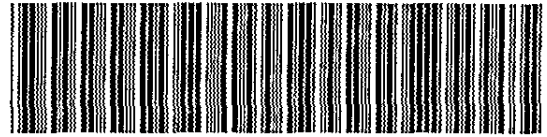
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. SMITH MAR 11 2003

TRANSMITTAL LETTER

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

SUBJECT: Therapeutic Services of Broward County, Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Therapeutic Services of Broward County, Inc
Name (Printed or typed)

7667 W Sample Rd Ste 220
Address

Coral Springs, FL 33065
City, State & Zip

954-264-2940
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Therapeutic Services of Broward County, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

7667 W. Sample Rd, Ste 220
Coral Springs, FL 33065

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Out patient therapy

ARTICLE IV SHARES

The number of shares of stock is: 100 shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Christian Spaw 7667 W Sample Rd Ste 220
Coral Springs, FL 33065

President/Sec.

Paul Pellingner 8930 State Rd 84, #185
DAVIE, FL 33324

VPres/Treas

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Christian Spaw
7667 W Sample Rd Ste 220
Coral Springs, FL 33065

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Christian Spaw
7667 W Sample Rd Ste 220
Coral Springs, FL 33065

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

Ch Spaw
Signature/Registered Agent

3/7/03
Date

Ch Spaw
Signature/Incorporator

3/7/03
Date

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03 MAR 11 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA