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TRANSMITTAL LETTER

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

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-02/08/02--01027--008
*****87.50 *****87.50

SUBJECT: OLIVE N. DeGUZMAN, R.P.T., P.A.
(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~~ ERROR Filing Fee & Certificate of Status

☐ $78.75 Filing Fee & Certified Copy

☒ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FILED
02 FEB -8 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM: Ms OLIVIA N. DeGUZMAN
Name (Printed or typed)

2177 ALDWORTH ST.
Address

PORT CHARLOTTE FL 33980
City, State & Zip

(941) 4575777 or (941) 4577775
Daytime Telephone number

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

J. BRYAN FEB 13 2002

ARTICLES OF INCORPORATION

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

OLIVE N. DeGUZMAN, R.P.T., P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2177 ALDWORTH ST., PORT CHARLOTTE, FL 33980

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE PHYSICAL THERAPY SERVICES & OTHER HEALTH PROMOTION PROGRAMS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Ma OLIVIA N. DeGUZMAN - CEO
2177 ALDWORTH ST.
PORT CHARLOTTE, FL 33980

ALEX TRISTAN C. DeGUZMAN - COO
2177 ALDWORTH ST.
PORT CHARLOTTE, FL 33980

ARTICLE VI REGISTERED AGENT

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

Ma OLIVIA N. DeGUZMAN
2177 ALDWORTH ST.
PORT CHARLOTTE, FL 33980

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Ma. OLIVIA N. DeGUZMAN & ALEX TRISTAN C. DeGUZMAN
2177 ALDWORTH ST.
PORT CHARLOTTE FL 33980

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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

MA. OLIVIA N. DeGUZMAN — 2/5/2
Signature/Registered Agent — Date

MA. OLIVIA N. DeGUZMAN, ALEX TRISTAN C. DeGUZMAN — 2/5/2
Signature/Incorporator — Date