

FO1000004536⁴

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VALLEY PHYSICAL THERAPY AND SPORTS MEDICINE SERVICES, P.C.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

STEPHEN GRIFFIN

(Name of Person)

VALLEY PHYSICAL THERAPY AND SPORTS MEDICINE SERVICES, P.C.

(Firm/Company)

1251 SOUTH MAIN STREET, P.O. BOX 1149

(Address)

MIDDLETOWN, CT 06457

(City/State and Zip code)

For further information concerning this matter, please call:

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-08/24/01--01061--014
*****70.00 *****70.00

STEPHEN GRIFFIN

(Name of Person)

at (860) 347-4426

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. VALLEY PHYSICAL THERAPY AND SPORTS MEDICINE SERVICES, P.C.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. CONNECTICUT 3. 06-1117215
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. OCTOBER 1, 1984 5. "PERPETUAL"
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. MAY 1, 2001
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. WILLIAM HARDY
(Principal office address)
1251 SOUTH MAIN STREET, P.O. BOX 1149, MIDDLETOWN, CT 06457
(Current mailing address)
8. PAYROLL
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: WILLIAM HARDY
Office Address: 133 LISBON COURT
ISLAMORADA, Florida 33036
(City) (Zip code)

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TALLAHASSEE, FLORIDA

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

William Hardy
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: STEPHEN GRIFFIN

Address: 79 HONEY HILL ROAD
EAST HADDAM, CT 06423

Vice Chairman: _____

Address: _____

Director: WILLIAM HARDY

Address: 133 LISBON COURT
ISLAMORADA, FL 33036

Director: _____

Address: _____

B. OFFICERS

President: STEPHEN GRIFFIN

Address: 79 HONEY HILL ROAD
EAST HADDAM, CT 06423

Vice President: _____

Address: _____

Secretary: WILLIAM HARDY

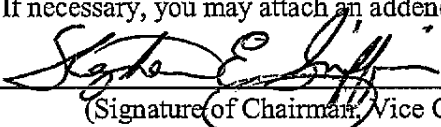
Address: 133 LISBON COURT, ISLAMORADA, FL 33036

Treasurer: _____

Address: _____

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TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. STEPHEN GRIFFIN, CHAIRMAN
(Typed or printed name and capacity of person signing application)

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State,
and keeper of the seal thereof, DO HEREBY CERTIFY, that

VALLEY PHYSICAL THERAPY AND SPORTS MEDICINE SERVICES, P.C.

a STOCK corporation under the Connecticut General Statutes was filed
in this office on October 1, 1984.

Insofar as the records of this office reveal, the corporation is in
existence.



Secretary of the State

Date Issued: August 7, 2001

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA