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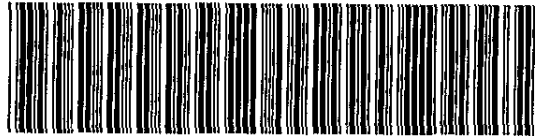
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0005-14528



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03/18/05--01014--005 \*\*70.00

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MAR 30 PM 1:38  
FBI - NEW YORK

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Sunshine Therapy, Inc.  
(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:

A. Todd Merolla

(Name of Person)

A. Todd Merolla, P.C.

(Firm/Company)

5855 Sandy Springs Circle, Suite 300

(Address)

Atlanta, Georgia 30328

(City/State and Zip code)

For further information concerning this matter, please call:

A. Todd Merolla

(Name of Person)

at ( 404 ) 261-0500

(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

FILED

2005 MAR 30 PM 1:38



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

March 21, 2005

A. TODD MEROLLA  
5855 SANDY SPRINGS CIRCLE STE 300  
ATLANTA, GA 30328

SUBJECT: SUNSHINE THERAPY, INC.  
Ref. Number: W05000014528

RECEIVED  
2005 MAR 30 PM 1:38  
SECRETARY OF STATE

We have received your document for SUNSHINE THERAPY, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 905A00019070

**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. Sunshine Therapy, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Georgia 3. 20-1978033  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 5/16/2003 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 123 Stone Creek Path, Hiram, Georgia 30141  
(Principal office address)

Same as above

(Current mailing address)

8. Physical Therapy Services  
(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 NOT acceptable)

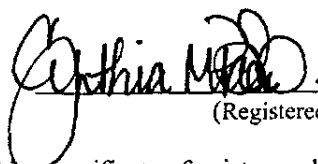
Name: Cindi Pasco

Office Address: 18639 SW 107th Avenue

Miami, Florida 33157  
(City) (Zip code)

**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.*



(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: Rafael GonzalezAddress: 123 Stone Creek Path  
Hiram, Georgia 30141Vice Chairman: Patricia GonzalezAddress: 123 Stone Creek Path  
Hiram, Georgia 30141

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

## B. OFFICERS

President: Rafael GonzalezAddress: 123 Stone Creek Path  
Hiram, Georgia 30141Vice President: Patricia GonzalezAddress: 123 Stone Creek Path  
Hiram, Georgia 30141Secretary: Rafael GonzalezAddress: 123 Stone Creek Path, Hiram, Georgia 30141Treasurer: Patricia GonzalezAddress: 123 Stone Creek Path, Hiram, Georgia 30141

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

13. [Signature]  
(Signature of Director or Officer listed in number 12 of the application)14. Rafael Gonzalez  
(Typed or printed name and capacity of person signing application)RECEIVED  
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ALABAMA  
STATE BAR ASSOCIATION

**Secretary of State**  
**Corporations Division**  
**315 West Tower**  
**#2 Martin Luther King, Jr. Dr.**  
**Atlanta, Georgia 30334-1530**

CONTROL NUMBER : 0328123  
DATE INC/AUTH/FILED: 05/16/2003  
JURISDICTION : GEORGIA  
PRINT DATE : 03/28/2005  
FORM NUMBER : 211

A. TODD MEROLLA, P.C.  
A. TODD MEROLLA  
3355 LENOX ROAD, SUITE 110  
ATLANTA, GA 30326

**CERTIFICATE OF EXISTENCE**

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

SUNSHINE THERAPY, INC.  
A GEORGIA PROFIT CORPORATION

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

20050328192215125



Cathy Cox  
Secretary of State