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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CORE Physical Therapy and Sports Medicine, 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," or "Certificate of Good Standing" 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:

David S. Scopino Jr

Name of Person

CORE Physical Therapy and Sports Medicine, P.C.

Firm/Company

284 Mauldin Place

Address

The Villages, FL 32162

City/State and Zip code

Scopinodk@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David S. Scopino Jr at (203) 910-4349

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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. CORE Physical Therapy and Sports Medicine, P.C.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

CORE Physical Therapy and Sports performance, P.C. ^{vs ena}
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Connecticut 3. 06-1336792
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. Feb 24, 1992 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. 284 Mauldin Place The Villages, FL 32162
(Principal office address)

16 Burgess Rd. Morris, CT 06763
(Current mailing address)

8. Rehabilitation Services / Healthcare 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)

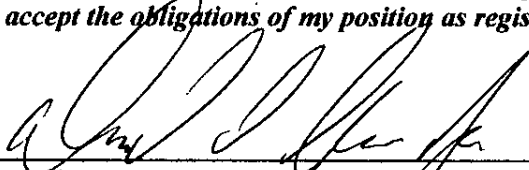
Name: David S. Scopino Jr

Office Address: 284 Mauldin Place

The Villages, Florida 32162
(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: David S. Scopino Jr

Address: 16 Burgess Rd.
Morris, CT 06763

Vice Chairman: David S. Scopino Jr

Address: 16 Burgess Rd.
Morris, CT 06763

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: David S. Scopino Jr

Address: 16 Burgess Rd
Morris, CT 06763

Vice President: David S. Scopino Jr

Address: 16 Burgess Rd
Morris, CT 06763

Secretary: David S. Scopino Jr

Address: 16 Burgess Rd. Morris, CT 06763

Treasurer: David S. Scopino Jr

Address: 16 Burgess Rd, Morris, CT 06763

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

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. David S. Scopino Jr. President

(Typed or printed name and capacity of person signing application)

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11 JAN 27 PM 2:07
SECRETARY OF STATE
HALL OF RECORDS

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 the certificate of incorporation of

CORE PHYSICAL THERAPY & SPORTS MEDICINE, P.C.

a domestic STOCK corporation, was filed in this office on February 24, 1992.

A certificate of amendment for TOTAL REHAB AND SPINAL DIAGNOSTIC CENTER, P.C.,
changing its name to TOTAL PHYSICAL THERAPY & SPORTS MEDICINE CENTER, P.C., was
filed on February 08, 2000.

A certificate of amendment for TOTAL PHYSICAL THERAPY & SPORTS MEDICINE CENTER,
P.C., changing its name to CORE PHYSICAL THERAPY & SPORTS MEDICINE, P.C., was filed on
May 08, 2003.

A certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far as
indicated by the records of this office such corporation is in existence.



Secretary of the State

Date Issued: January 07, 2011

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11 JAN 27 PM 2:06
SECRETARY OF STATE
HARTFORD, CT 06103