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For The TRAVELING PROFESSIONAL 10149 Wavell Road  
Fairfax, Virginia 22032

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

| NEW FILINGS              |                   |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit            |
| <input type="checkbox"/> | NonProfit         |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication     |
| <input type="checkbox"/> | Other             |

| AMENDMENTS               |                                       |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment                             |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent            |
| <input type="checkbox"/> | Dissolution/Withdrawal                |
| <input type="checkbox"/> | Merger                                |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

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DIVISION OF CORPORATIONS

Examiner's Initials

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACTION BUSINESS IN FLORIDA

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

1. Therapro Inc.  
(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. Virginia  
(State or country under the law of which it is incorporated)
3. 54-1713878  
(FEI number, if applicable)
4. June 2, 1994  
(Date of incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")

6. February 1, 1995  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.155, F.S.)

7. 10149 Wavell Road  
Fairfax, VA 22032  
(Current mailing address)

8. Placement of temporary physical/occupational therapists, speech pathologists  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Name: Sandi Baxter

Office Address: 100 Bouganvilla Drive

Ponte Vedra, Florida, 32082  
(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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12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: Elizabeth M. Reynolds

Address: 10149 Wavell Road

Fairfax, VA 22032

Vice Chairman: Leo L. Monroe

Address: 13606 Greenvue Drive

Sun City West, AZ 85375

Director: Clifford C. Reynolds III

Address: 10149 Wavell Road

Fairfax, VA 22032

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

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

B. OFFICERS

President: Elizabeth M. Reynolds

Address: 10149 Wavell Road

Fairfax, VA 22032

Vice President: N/A

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

Secretary: Clifford C. Reynolds III

Address: 10149 Wavell Road

Fairfax, VA 22032

Treasurer: Clifford C. Reynolds III

Address: 10149 Wavell Road

Fairfax, VA 22032

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

13.

Clifford C. Reynolds III  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14.

Clifford C. Reynolds III Secretary/Treasurer  
(Typed or printed name and capacity of person signing application)

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# Commonwealth of Virginia



## State Corporation Commission

**I Certify the Following from the Records of the Commission:**

THERAPRO INC. is a corporation existing under and by virtue of the laws of Virginia, and is in good standing.

The date of incorporation is June 02, 1994.

Nothing more is hereby certified.

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Signed and Sealed at Richmond  
on this Date: May 02, 1995

*William J. Bridge*  
William J. Bridge, Clerk of the Commission

CIS20315