

# F 95000002792

## Summit Therapy Services, Inc.

14802 N Dale Mabry, Suite 200  
Tampa, Florida 33618

Telephone (813) 264-5520  
Fax (813) 264-4822

May 15, 1995

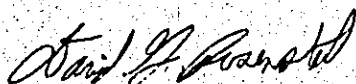
Dear Secretary of State,

W95-10518

Enclosed please find an Application by Foreign Corporation for Authorization to Transact Business in Florida, a Certificate of Existence and a check in the amount of \$70.00 for filing fees.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JUN -9 AM 9:47

Sincerely,



David G. Rosensteel,  
Chief Financial Officer

500001492035  
-05/17/95--01156--004  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

500001492035  
-06/14/95--01022--019  
\*\*\*\*\*700.00 \*\*\*\*\*700.00

## TRANSMITTAL LETTER

**TO: QUALIFICATION/TAX LIEN SECTION  
DIVISION OF CORPORATIONS**

**SUBJECT: Summit Therapy Services, 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:

Robert L. Tankel, Esquire

(Name of Person)

Becker & Poliakoff, P.A.

(Firm/Company)

33 North Garden Avenue, Ste. 960

(Address)

Clearwater, Florida 34615

(City, State and Zip Code)

Should you need to call someone concerning this matter, please call:

Robert L. Tankel, Esquire at ( 813 ) 443 - 3781

(Name of Person)

Area Code & Daytime Telephone Number

**COURIER ADDRESS:**

Qualification/Tax Lien Sec.  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Qualification/Tax Lien Sec.  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314



**FLORIDA DEPARTMENT OF STATE**

Sandra B. Mortham  
Secretary of State

**May 17, 1995**

**DAVID G. ROSENSTEEL, CFO  
SUMMIT THERAPY SERVICES, INC.  
14802 N. DALE MABRY, SUITE 200  
TAMPA, FL 33618**

**SUBJECT: SUMMIT THERAPY SERVICES, INC.  
Ref. Number: W95000010518**

We have received your document for SUMMIT THERAPY SERVICES, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

Section 607.1502(4) or 617.1502(4), Florida Statutes, requires this office to collect a \$500 penalty fee for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the corporation qualified the year it began operations in this state. The amount due this office to cover both annual report and penalty fees is \$700.00.

Enclosed please find a copy of section 607.1501 or 617.1501, Florida Statutes, which lists those activities that do not constitute transacting business or conducting affairs in this state. If after reviewing this section you determine erroneous information was inserted on the application, a sworn affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business or conducting its affairs in Florida prior to the year the application was submitted did not constitute transacting business or conducting affairs pursuant to section 607.1501 or 617.1501, Florida Statutes.

If you have any questions concerning the filing of your document, please call (904) 487-6958.

Lee Rivers  
Document Examiner

Letter Number: 295A00025438

# 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:

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JUN 14 AM 9:47

1. Summit Therapy Services, 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. Montana

(State or country under the law of which it is incorporated)

3. 81-0472117

(FEI number, if applicable)

4. July 23, 1991

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. February 1, 1994

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

7. 14802 North Dale Mabry, Suite 200

Tampa, Florida 33618

(Current mailing address)

8. Physical Therapy

(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: Robert L. Tankel, Esquire

Becker & Poliakoff, P.A.

Office Address: 33 North Garden Avenue, Ste. 960

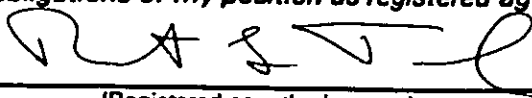
Clearwater

, Florida , 34615

(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 addresses of officers and/or directors:**

**A. DIRECTORS**

Chairman: Paul Goebel

Address: 14802 North Dale Mabry, Ste. 200

Tampa, Florida 33618

Vice Chairman: Todd Hansen

Address: 14802 North Dale Mabry, Ste. 200

Tampa, Florida 33618

Director: Jerry Goebel

Address: 14802 North Dale Mabry, Suite 200

Tampa, Florida 33618

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

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

**B. OFFICERS**

President: Paul Goebel

Address: 14802 North Dale Mabry, Ste. 200

Tampa, Florida 33618

Vice President: Todd Hansen

Address: 14802 North Dale Mabry, Ste. 200

Tampa, Florida 33618

Secretary: Jerry Goebel

Address: 14802 North Dale Mabry, Ste. 200

Tampa, Florida 33618

Treasurer: Jerry Goebel

Address: 14802 North Dale Mabry, Ste. 200

Tampa, Florida 33618

**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.**

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

**SECRETARY OF STATE**  
**STATE OF MONTANA**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN -9 AM 9:17

**CERTIFICATE OF EXISTENCE**

I, Mike Cooney, Secretary of State of the State of Montana, do hereby certify that

**SUMMIT THERAPY SERVICES, INC.**

duly filed its Articles of Incorporation in this office on **July 23, 1991**, and on that date was created a body politic and corporate.

I further certify that all taxes, fees and penalties owed to this state have been paid by said corporation and that the most recent annual report has been filed with this office.

I further certify that no articles of dissolution have been placed on record in this office by said corporation and my records indicate the corporation is in good standing under the laws of the State of Montana and authorized to transact in business and conduct its affairs in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this April 14, A.D. 1995.

*Mike Cooney*  
MIKE COONEY  
Secretary of State  
*Les Lee Jones*

