

F95000004781

TO: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: Therapy Associates, Inc. dba California Therapy Associates, 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:

Barbara W Paxson - Secretary  
(Name of Person)

Therapy Associates, Inc.  
(Firm/Company)

2220 East Alostia - Suite 205 / P.O. Box 2061  
(Address)

Glendora, California 91740  
(City/State/Zip)

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DIVISION OF CORPORATIONS

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

Barbara W Paxson  
(Name of Person)

at ( 818 ) 963-3681  
(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 Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**RESOLUTION OF THE BOARD OF DIRECTORS MEETING**

**OF**

**THERAPY ASSOCIATES, INC.**

**A CALIFORNIA CORPORATION**

The Board of Directors of the above named Corporation held a meeting at the time, on the day and at the place set forth hereinbelow for the purpose of making a resolution of said corporation.

TIME: 4:00 PM

DATE: SEPTEMBER 6, 1995


PLACE: 2220 EAST ALOSTA, SUITE 205  
GLENORA, CALIFORNIA 91740


PRESENT AT THE SAID MEETING WERE THE FOLLOWING PERSONS:

1. Sharon E. Paxson
2. James W. Thomson

RESOLVED, that the Board of Directors agreed to use the fictitious name of CALIFORNIA THERAPY ASSOCIATES, INC. in the state of Florida in order to conduct business. A motion was duly made, seconded and carried by unanimous vote of the Directors.

Dated: September 6, 1995

  
Sharon E. Paxson  
President

  
James W. Thomson  
Vice-President

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## 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. Therapy Associates, 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. State of California  
(State or country under the law of which it is incorporated)
3. 95-4179027  
(FEI number, if applicable)
4. 27th day of July, 1988  
(Date of Incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. September 21, 1995  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 2220 East Alosta - Suite 205  
Glendora, California 91740  
(Current mailing address)
8. To provide Occupational, Physical & Speech Therapy to skilled nursing facilities.  
(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: (P.O. Box or Mail Drop Box **NOT** acceptable)  
Name: James Jones  
Office Address: 689 5th Avenue North  
Naples, Florida, 33940  
(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.

James Jones 9-27-95  
(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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DIVISION OF CORPORATE  
REGISTRATION  
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12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: Sharon E Paxson

Address: 2220 East Alosta, Suite 205 - Glendora, CA 91740

Vice Chairman: James W Thomson

Address: 2220 East Alosta - Suite 205 - Glendora, CA 91740

Director: Same as above

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

Director: Same as above

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

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Sharon E Paxson

Address: 2220 East Alosta - Suite 205 - Glendora, CA 91740

Vice President: James W Thomson

Address: 2220 East Alosta - Suite 205 - Glendora, CA 91740

Secretary: Barbara W Paxson

Address: 2220 East Alosta - Suite 205 - Glendora, CA 91740

Treasurer: \_\_\_\_\_

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

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

13. Barbara W Paxson

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

14. Barbara W Paxson - Secretary

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

# State of California

SECRETARY OF STATE

## CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, **BILL JONES**, Secretary of State of the State of California, hereby certify:

That on the 27th day of July, 19 88,

THERAPY ASSOCIATES, INC.

became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this  
certificate and affix the Great Seal  
of the State of California this  
13th day of July, 1995



*Bill Jones*  
BILL JONES  
Secretary of State