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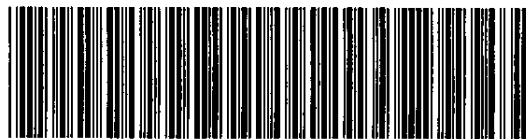
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 23 2015

D. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 28, 2015

JASON MYERS  
CENTRAL PHYSICAL & OCCUPATIONAL THERAPY,  
5183 LYLE DRIVE  
CLAY, NY 13041

SUBJECT: CENTRAL PHYSICAL & OCCUPATIONAL THERAPY, PLLC  
Ref. Number: W15000029608

We have received your document for CENTRAL PHYSICAL & OCCUPATIONAL THERAPY, PLLC and check(s) totaling \$125.00. However, your check(s) and document are being returned for the following:

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.

If we have had no written response within 60 days of this letter, we will consider your document abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Registration Section.

Letter Number: 015A00008582

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Central Therapy

P.O. Box 603  
Central Square, NY 13036  
Phone: 888-706-0030  
Fax: 888-817-4702  
[www.centraltherapytravel.com](http://www.centraltherapytravel.com)

March 3, 2015

Re: Cover Letter

Department of Corporations,

We are applying for a Foreign LLC to do business in the state of Florida. The application is enclosed with our certificate of good standing from the state of New York. Please let us know if you need any further information.

Sincerely,

Jason Myers  
Administrator  
Central Therapy  
Cell: 315-382-8939

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Central Physical & Occupational Therapy, PLLC, LLC**  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

**Jason Myers**

Name of Person

**Central Physical & Occupational Therapy, PLLC**

Firm/Company

**5183 Lyle Drive**

Address

**Clay, NY 13041**

City/State and Zip Code

**jmyers@centraltherapytravel.com**

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

For further information concerning this matter, please call:

**Jason Myers**

Name of Contact Person

at ( **315** )

Area Code

**382-8939**

Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

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

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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TALLAHASSEE, FLORIDA

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A  
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. Central Physical & Occupational Therapy, PLLC, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. New York 3. 20-5651855  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. March, 3 2015  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

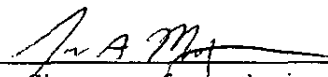
5. 1450 East Venice Avenue  
Venice, FL 34292  
(Street Address of Principal Office)

6. 5183 Lyle Drive  
Clay, NY 13041  
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  
Managing Partner - Jason Myers

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TALLAHASSEE, FLORIDA

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

  
Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

Jason Myers  
Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Central Physical & Occupational Therapy, PLLC, LLC

If unavailable, the alternate to be used in the state of Florida is:

\_\_\_\_\_

2. The name and the Florida street address of the registered agent and office are:

NRAI Services, Inc.

(Name)

1200 South Pine Island Road

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plantation

FL 33324

City/State/Zip

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*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.*

*Kimberly Steinmetz*

Kimberly Steinmetz, VP & Assistant Secretary  
NRAI Services, Inc.

(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

**State of New York**  
**Department of State** } ss:

I hereby certify, that CENTRAL PHYSICAL & OCCUPATIONAL THERAPY, PLLC a NEW YORK Professional Service Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 08/16/2006, and that Professional Service Limited Liability Company is existing so far as shown by the records of the Department.



\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 18th day of March two  
thousand and fourteen.*

*Anthony Giardina*

Executive Deputy Secretary of State