

N11000002912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

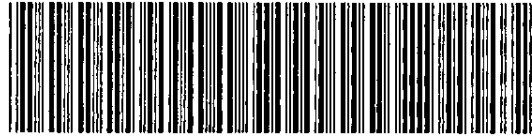
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2011 MAR 17 AM 8:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Purpose ?

## COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** Florida Physical Therapists in Private Practice, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee &  
Certificate of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

**FROM:** Armin Loges  
Name (Printed or typed)

6911 Pistol Range Rd. # 103-A  
Address

Tampa, FL 33635  
City, State & Zip

(813) 874-2500  
Daytime Telephone Number

arminloges@gmail.com  
E-mail address: (to be used for future annual report notification)

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2011 MAR 17 AM 8:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 10, 2011

ARMIN LOGES  
6911 PISTOL RANCE RD., #103-A  
TAMPA, FL 33635

SUBJECT: FLORIDA PHYSICAL THERAPIST IN PRIVATE PRACTICE, INC.  
Ref. Number: W11000013552

RECEIVED  
11 MAR 17 PM 12:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for FLORIDA PHYSICAL THERAPIST IN PRIVATE PRACTICE, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing  
Regulatory Specialist II Supervisor

Letter Number: 611A00005844

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Florida Physical Therapists in Private Practice, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
6911 Pistol Range Rd. # 103-A  
Tampa, FL 33635

Mailing address, if different is:  
6911 Pistol Range Rd. # 103-A  
Tampa, FL 33635

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To organize and represent politically, economically and socially the physical therapists in private practice in the State of Florida.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

By appointment and by general election.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Armin Loges, President  
Address: 6911 Pistol Range Rd. # 103-A  
Tampa, FL 33635

Name and Title: Tricia Trinque, Treasurer  
Address: 419 S. Pasadena Ave.  
St. Petersburg, FL 33707

Name and Title: Christopher Mulvey, Vice-President  
Address: 18070 South Tamiami Trail, Suite 15  
Fort Myers, FL 33908

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: Thomas Zeller, Secretary  
Address: 6314 Whiskey Creek Dr. Suite D  
Fort Myers, FL 33919

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Armin Loges  
Address: 6911 Pistol Range Rd., # 103-A  
Tampa, FL 33635

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Armin Loges  
Address: 6911 Pistol Range Rd., # 103-A  
Tampa, FL 33635

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

\_\_\_\_\_  
Required Signature of Registered Agent

\_\_\_\_\_  
3/14/2011

\_\_\_\_\_  
Date

*I submit this document and affirm 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.*

\_\_\_\_\_  
Required Signature of Incorporator

\_\_\_\_\_  
3/14/2011

\_\_\_\_\_  
Date

FILED  
2011 MAR 17 AM 8:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA