20000016012

(Proposed corporate name - must include suffix)

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

SUBJECT:

000003116340--5 -01/31/00--01105--010 *****70.00 *****70.00

\$70.00 Filing Fee	\$\frac{1}{78.75}\$ Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED			
FROM:	VARSHA P. JOSHI Name (Printed or typed) 268, CHURCHILL DRIVE Address		SECRETARY OF S	OOFEB 15 PM	יוניט	
	LONGWOOD, FL -> City,	32779 State & Zip		FINTE	1:37	

JOSHI PHYSICAL THERAPY, P.A.

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

Daytime Telephone number

T. Burch FEB 1 5 2000



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 4, 2000

VARSHA P. JOSHI 268 CHURCHHILL DRIVE LONGWOOD, FL 32779

SUBJECT: JOSHI PHYSICAL THERAPY, P.A.

Ref. Number: W0000003175

We have received your document for JOSHI PHYSICAL THERAPY, P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

Please return the original and one copy of 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) 487-6928.

Letter Number: 000A00005740

Tim Burch Document Specialist

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida
Business Corporation Act, hereby adopts the following Articles of Incorporation.

	Business Corporation Act, hereby adopts the following Articles of Incorporation.			
_	ARTICLE I NAME The name of the corporation shall be: JOSHI PHYSICAL THERAPY, P.A.	SECRETARY TALLAHASSE	00 FEB 15	7
	ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 6388 SILVERSTAR FOAD Mailing address only:	Y OF STATE SEE, FLORIDA	PM I:	יר כ
	6388, SILVERSTAR ROAD SUITE 1C ORLANDO, FL 32818 ARTICLE III SHARES	ATE RIDA	37	-
	The number of shares of stock that this corporation is authorized to have outstanding at any one time	ne is:		
	1000 ONE THOUSAND			
	ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS			
	The name and Florida street address of the initial registered agent are:			
	VARSHA P. JOSHI			
	268, CHURCHILL DRIVE			
	LONGWOOD, FL 32779			

ARTICLE V **INCORPORATOR**

The name and address of the incorporator to these Articles of Incorporation are:

VARSHA P. JOSHI 268, CHURCHILL DRIVE LONGWOOD, FL 32779

	=
Signature/Inco	rporator

ARTICLE VI P.A. PURPOSE

PHYSICAL THERAPY OFFICE. LICENSED IN STATE OF FLORIDA

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation 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

Signature/Registered Agent