

TRANSMITTAL LETTER  
**P00000018184**

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

**SUBJECT:** Providence Therapy, Inc.  
(Proposed corporate name - must include suffix)

200003137812--6  
-02/16/00--01085--009  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

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 of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Wade M. Rinehart  
Name (Printed or typed)

6813 Noel Road  
Address

Panama City, Florida 32404  
City, State & Zip

(850) 819-1850  
Daytime Telephone number

FILED  
00 FEB 16 PM 1:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

2-2-00  
WCR

# 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.*

## ARTICLE I NAME

The name of the corporation shall be: Providence Therapy, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1344 West 15<sup>th</sup> Street  
Panama City, FL 32401

## ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000.

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Wade M. Rinehart  
6813 Noel Road  
Panama City, FL 32404

## ARTICLE V INCORPORATOR

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

Wade M. Rinehart  
6813 Noel Road  
Panama City, FL 32404

Wade M. Rinehart  
Signature/Incorporator  
Wade M. Rinehart

2-14-00  
Date

(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*

Wade M. Rinehart  
Signature/Registered Agent  
Wade M. Rinehart

2-14-00  
Date