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TRANSMITTAL LETTER

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

300003381583--5  
-09/05/00--01082--007  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: Traveling Occupational Therapy Services, P.A.  
(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 of  
Status

ADDITIONAL COPY REQUIRED

FROM: IRENE W. RYBICKI  
Name (Printed or typed)

P.O. Box 08123  
(15630 Lake Candlewood Drive)  
Address

Fort Myers, FL 33908  
City, State & Zip

(941) 466-9111 ((941) 466-6417)  
Daytime Telephone number

FILED  
00 SEP -5 AM 10:50  
SECRETARY OF STATE  
TALLAHASSEE  
FLORIDA

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

JK 9/8

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:

Traveling Occupational Therapy Services, P.A.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 08123, Fort Myers, FL 33908

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provision of Occupational Therapy Services

## ARTICLE IV SHARES

The number of shares of stock is: 1

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

IRENE W. RYBICKI, OTRIL, President  
P.O. Box 08123  
Fort Myers, FL 33908

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

IRENE W. RYBICKI, OTRIL  
15630 Lake Candlewood Drive  
Fort Myers, FL 33908

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

IRENE W. RYBICKI, OTRIL  
P.O. Box 08123  
FORT MYERS, FL 33908

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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

Irene W. Rybicki  
Signature/Registered Agent

8-30-00  
Date

Irene W. Rybicki  
Signature/Incorporator

8-30-00  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 SEP -5 AM 10:50

FILED