

TRANSMITTAL LETTER

P000000107961

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

SUBJECT: PHYSIOTHERAPY SERVICES, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

400003468394--2  
-11/17/00-01030-017  
\*\*\*\*\*78.50 \*\*\*\*\*78.50

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: ANTHONY MOORE  
Name (Printed or typed)

332 RIVIERA ISLE DRIVE  
Address

FORT LAUDERDALE, FL 33301  
City, State & Zip

954 609 9550  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 NOV 17 AM 11:43

FILED

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

gy 11/20

**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:

PHYSIOTHERAPY SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

440 E. SAMPLE ROAD # 101  
POMPANO BEACH, FL 33064

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PHYSICAL THERAPY

ARTICLE IV SHARES

The number of shares of stock is:

1,000 (ONE THOUSAND)

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

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

ANTHONY MOORE  
332 RIVIERA ISLE DRIVE  
FORT LAUDERDALE, FL 33301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ANTHONY MOORE  
332 RIVIERA ISLE DRIVE  
FORT LAUDERDALE, FL 33301

\*\*\*\*\*  
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



Signature/Registered Agent

11/14/00

Date



Signature/Incorporator

11/14/00

Date

FILED  
00 NOV 17 AM 11:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA