

02/15/2001 12:12 FAX 305 819 7060
02/17/01 12:35 FAX 407 875 5773

NORTH DADE NEURO
THOMPSON REED

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PD 1000018411
TRANSMITTAL LETTER

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

100003718231--7-
-02/19/01--01063--010
*****87.50 *****87.50

SUBJECT: FLORIDA CENTER for PHYSICAL THERAPY, 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 of
Status

ADDITIONAL COPY REQUIRED

FROM:

BARRY KENNETH SMITH
Name (Printed or typed)

638 REGINA LANE
Address

LAKE MARY, FL 32746
City, State & Zip

954-424-6377 or 407-324-3164
Daytime Telephone number

FILED
01 FEB 19 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Barry Smith SAVED
AUTHORIZATION BY PHONE TO
add principal address
to Article II

DATE

02/15/01

2/15/01

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:

FLORIDA CENTER FOR PHYSICAL THERAPY, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

638 REGINA LANE
LAKE MARY, FL 32746

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PHYSICAL THERAPY AND MEDICAL ASSESSMENT
OF MUSCULOSKELETAL INJURIES

ARTICLE IV SHARES

The number of shares of stock is:

TEN

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

BARRY KENNETH SMITH, PRESIDENT
638 REGINA LANE
LAKE MARY, FL 32746

ARTICLE VI REGISTERED AGENT

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

BARRY KENNETH SMITH
638 REGINA LANE
LAKE MARY, FL 32746

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

FLORIDA CENTER FOR PHYSICAL THERAPY
c/o BARRY SMITH
638 REGINA LANE
LAKE MARY, FL 32746

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

Barry K Smith
Signature/Registered Agent BARRY SMITH

2/15/01
Date

Barry K Smith
Signature/Incorporator BARRY K SMITH

2/15/01
Date

FILED
01 FEB 19 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA