

# PD 000103906

TRANSMITTAL LETTER

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

SUBJECT: Ft. Pierce Injury Treatment Center, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SURVIVOR)

300004654153--5  
-10/26/01--01015--005  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Enclosed are 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: Steven Bottari  
Name (Printed or typed)

2100 Lake Ida Road; Suite 1  
Address

Delray Beach, Florida 33445  
City, State & Zip

(561) 265-1116  
Daytime Telephone number

FILED  
01 OCT 25 PM 12:52  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

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D. WHITE OCT 26 2001

**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:

Ft. Pierce Injury Treatment Center, Inc.

FILED  
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TALLAHASSEE FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

2100 Lake Ida Road

Suite 1

Delray Beach, Florida 33445

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide health care services and to further carry on any and all business authorized by the laws governing the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

President/Director: Steven Bottari

Vice President: Robert Sitner

**ARTICLE VI REGISTERED AGENT**

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

Lisa A. Sanders

1011 South Federal Highway

Hollywood, Florida 33020

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Steven Bottari

2100 Lake Ida Road

Suite 1

Delray Beach, Florida 33445

\*\*\*\*\*  
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

10/23/01

Date



Signature/Incorporator

10/18/01

Date