

Division of Corporations

PO1000108618

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H01000113819 6)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

FLORIDA PROFIT CORPORATION OR P.A.

Palm PT: Physical Therapy, P.A..

| | |
|-----------------------|---------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 03 14 |
| Estimated Charge | \$78.75 |

FILED
01 NOV 13 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 13 2001

H01000113819

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Palm PT: Physical Therapy, P.A.

ARTICLE II PRINCIPAL OFFICE

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

Palm PT: Physical Therapy, P.A.
4146 Grove Park Lane
Boynton Beach, FL 33436

ARTICLE III SHARES

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

1500 SHARES @ No Par Value

ARTICLE IV PURPOSE

The purpose for which this corporation is/are formed, are as follows:

To practice the profession of a(n): **Physical Therapy**

Prepared By:
Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940

FILED
01 NOV 13 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H01000113819

H01000113819

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**John Peter Mulfinger
4146 Grove Park Lane
Boynton Beach, FL 33436**

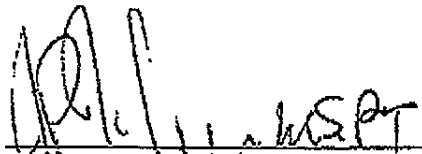
ARTICLES VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

**John Peter Mulfinger
4146 Grove Park Lane
Boynton Beach, FL 33436**

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

12th day of November 20 01.


John Peter Mulfinger
SIGNATURE

H01000113819

H01000113819

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **Palm PT: Physical Therapy, P.A.**

2. The name and address of the registered agent and office is:

John Peter Mulfinger

Name


4146 Grove Park Lane

(P.O. Box or Mail Drop Box NOT Acceptable)

Boynton Beach, FL 33436

(City / State / Zip)

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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.


John Peter Mulfinger
SIGNATURE

12th November 2001

(Date)

FILED
01 NOV 13 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H01000113819