

TRANSMITTAL LETTER

P020000008907

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

500004783615--5
-01/18/02--01019--016
*****78.75 *****78.75

SUBJECT: Lifespan 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: Lisa Darbro
Name (Printed or typed)

5101 N.W. 21st Ave #200
Address

Ft. Lauderdale Fl. 33300
City, State & Zip

OSU- TBS-870
Daytime Telephone number

FILED
2002 JAN 18 PM 2:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

5/25/02

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:

Lifespan Therapy, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9800 N.W. 5th Court
Plantation Fl. 33342

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent is:

Joyce F. Wittschen
9800 N.W. 5th Court
Plantation Fl. 33342

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Joyce F. Wittschen
9800 N.W. 5th Court
Plantation Fl. 33342

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

Joyce Wittschen
Signature/Registered Agent

1-1-02
Date

Joyce Wittschen
Signature/Incorporator

1-1-02
Date

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA