

TRANSMITTAL LETTER

002 0000 29781

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

200004852542--0  
-02/01/02--01026--006  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT:

IN Home 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:

PATRICIA BOYLE  
Name (Printed or typed)

Address

7905 NW 19 ST

City, State & Zip

Maya 71 33003

Daytime Telephone number

954 970 0547

954-970-0547

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
02 MAR 11 PM 12:20

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

F. CHESSEY MAR 19

462 3258



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

February 15, 2002

PATRICIA BOYLE  
7905 NW 19 ST  
MARGATE, FL 33063

SUBJECT: IN HOME THERAPY, INC.  
Ref. Number: W02000003258

We have received your document for IN HOME THERAPY, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The document is illegible and not acceptable for imaging.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock.

You must list at least one incorporator with a complete business street address.

PLEASE COMPLETE THE ARTICLES WITH YOUR ORIGINAL SIGNATURES.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6919.

Beth Register  
Corporate Specialist Supervisor  
New Filings Section

Letter Number: 002A00009600

# 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:

IN HOME THERAPY, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7905 NW 19 STREET, MARGATE FL 33063

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Physical Therapy & Health Services.

## 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):

PATRICIA BOYLE President, /

## ARTICLE VI REGISTERED AGENT

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

Patricia Boyle  
7905 NW 19 ST  
Margate FL 33063

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

PATRICIA GAZAL BOYLE

7905 NW 19 ST

Margate FL 33063

\*\*\*\*\*  
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

Patricia Boyle

Date

1/21/02

Signature/Incorporator

Patricia Boyle

Date

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
02 MAR 11 PM 12:20