

PD2000082049

TRANSMITTAL LETTER

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

FILED
02 JUL 29 AM 7:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT CASTILLO AND ASSOCIATES, INC.
PROPOSED CORPORATE NAME

Enclosed is original and one (1) copy of the articles of incorporation and a
Check for \$ 78.50 for the filing fee and certificate of status.

FROM Martin Castillo
Name

11670 N W 56th Dr., # 107
Address.

600006346126--7
-07/12/02--01022--004
*****78.50 *****78.50

Coral Springs, FL 33076
City, State, & Zip

600-5887
954-776-2665
Daytime telephone number

600-5887
7/30



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

July 15, 2002

MARTIN CASTILLO
11670 N.W. 56TH DRIVE #107
CORAL SPRINGS, FL 33076

SUBJECT: CASTILLO AND ASSOCIATES, INC.
Ref. Number: W02000020339

We have received your document for CASTILLO AND ASSOCIATES, INC. and your check(s) totaling \$78.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6965.

Shannon Elliott
Document Specialist
New Filing Section

Letter Number: 802A00043480

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: ~~Castillo and Associates, Inc.~~
Castillo Physical Therapy, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 11670 N W 56th Dr., # 107
Coral Springs, FL 33076

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To Provide Physical Therapy

ARTICLE IV SHARES

The number of shares of stock is: 100 with a par value of \$ 1.00

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name and address is: Martin Castillo
11670 N W 56th Dr., # 107
Coral Springs, FL 33076

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is: Martin Castillo
11670 N W 56th Dr., # 107
Coral Springs, FL 33076


ARTICLE VII INCORPORATOR

The name and address of the incorporator is: Martin Castillo
11670 N W 56th Dr., \$ 107
Coral Springs, FL 33076


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.



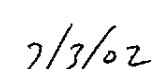
Signature/Registered agent



Date



Signature/Incorporator



Date

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TALLAHASSEE, FLORIDA