

PO3000056582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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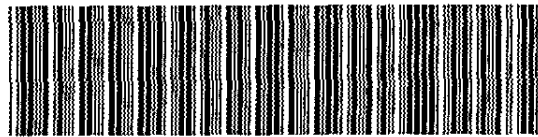
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

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

**SUBJECT:** North Florida Physical Therapy Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Charles M. Evans  
Name (Printed or typed)

1284 Norwich Rd.  
Address

Jacksonville, FL 32207  
City, State & Zip

904-739-2182  
Daytime Telephone number

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

# 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:

North Florida Physical Therapy Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1284 Norwich Rd.  
Jacksonville, FL 32207

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:  
Provide physical therapy services.

## ARTICLE IV SHARES

The number of shares of stock is:  
10,000

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Charles M. Evans - President  
1284 Norwich Rd.  
Jacksonville FL, 32207

Kristie L. Evans - Secretary  
1284 Norwich Rd.  
Jacksonville, FL 32207

## ARTICLE VI REGISTERED AGENT

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

Charles M. Evans  
1284 Norwich Rd.  
Jacksonville, FL 32207

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Charles M. Evans  
1284 Norwich Rd.  
Jacksonville, FL 32207

\*\*\*\*\*  
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

5-11-03

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

5-11-03

\_\_\_\_\_  
Date

FILED  
03 MAY 14 PM 2:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA