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DIVISION OF CERTIFICATION

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CORPORATION(S) NAME

Tequesta Physical Therapy Inc.

- ☒ Profit
() NonProfit
() Foreign
() Limited Partnership
() Reinstatement
☒ Certified Copy
() Call When Ready
☒ Walk In
- () Amendment
() Dissolution
() Annual Report
() Reservation
() Photo Copies
() Call If Problem
() Will Wait
- () Merger
() Mark
() Other
() Change of Registered Agent
() Certificate Under Seal
() After 4:30
() Mail Out
- ☒ Pick Up

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ARTICLES OF INCORPORATION

of

TEQUESTA PHYSICAL THERAPY INC.

(name of corporation)

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The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

TEQUESTA PHYSICAL THERAPY INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue ONE THOUSAND shares (1000) of ONE Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares".

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	<u>SUSAN SHEEHAN</u>		
ADDRESS	<u>6889 150TH PLACE NORTH</u>		
CITY	<u>PALM BEACH GARDENS</u>	FLORIDA	ZIP <u>33418</u>

The principal office, if known, or the mailing address of the corporation is:

NAME	<u>TEQUESTA PHYSICAL THERAPY INC</u>		
ADDRESS	<u>395 TEQUESTA DR.</u>		
CITY	<u>TEQUESTA</u>	FLORIDA	ZIP <u>33469</u>

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have TWO (2) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	SUSAN - SHEEHAN		
ADDRESS	6889 150 TH PLACE North		
CITY	PBG	STATE	FL ZIP 33418
NAME	OSCAR M. FLORES		
ADDRESS	2065 CEZANNE Rd		
CITY	WPB	STATE	FL ZIP 33409
NAME			
ADDRESS			
CITY		STATE	ZIP

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	SUSAN SHEEHAN		
ADDRESS	6889 150 TH PLACE North		
CITY	PBG	STATE	FL ZIP 33418
NAME	OSCAR M. FLORES		
ADDRESS	2065 CEZANNE Rd		
CITY	WPB	STATE	FL ZIP 33409
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 4 day of August 2003

Susan Sheehan (Seal)
[Signature] (Seal)
[Signature] (Seal)

CERTIFICATE AND KNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

TEQUESTA Physical Therapy Inc.
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation

at 395 TEQUESTA DR.
TEQUESTA FL 33469

has named SUSAN SHEEHAN
located at the aforesaid address, as its Registered Agent to accept service of process within
this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated
corporation at the place designated in this certificate, and being familiar with the obliga-
tions of that position, I hereby accept to act in this capacity, and agree to comply with the
provisions of Florida Law in keeping open said office.

Aaron Sheehan
(registered agent)

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