

PA3000106031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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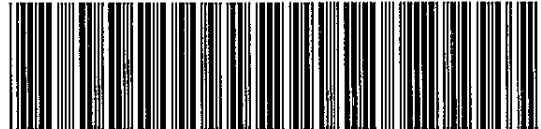
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DIVISION OF CORPORATION

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2003 SEP 26 PM 1:22
TALLAHASSEE FLORIDA
OFFICE OF THE CLERK OF THE COURT

LF 9/26/03

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2003 SEP 26 PM 1:22

SECRETARY OF STATE
TALLAHASSEE FLORIDA

VALIDATION ONLY

9/25/03

Requestor's Name

Address

City

State

ZIP

Phone

CORPORATION(S) NAME

Total Therapy Providers of Florida, Inc.

☒ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☒ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

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☐ Call If Problem

☐ After 4:30

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Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier

CERTIFIED COPY

Empire Toll Free: 1-800-432-3028

ARTICLES OF INCORPORATION

of

Total Therapy Providers of Florida, Inc.
(name of corporation)

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:

Total Therapy Providers of Florida, 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 hundred shares (100) 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>Joan Walerstein</u>		
ADDRESS	<u>5100 W Copans Road Suite 300</u>		
CITY	<u>Margate</u>	FLORIDA	ZIP <u>33063</u>

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

NAME	<u>Total Therapy Providers of Florida, Inc.</u>		
ADDRESS	<u>5100 W. Copans Road Suite 300</u>		
CITY	<u>Margate</u>	FLORIDA	ZIP <u>33063</u>

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have three (3) 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:

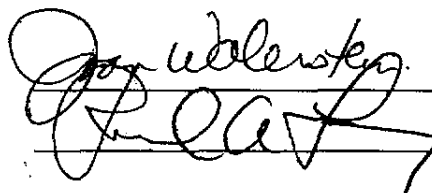
NAME	Joan Walerstein		
ADDRESS	5879 NW 48 Ave		
CITY	Coconut Creek	STATE	FL ZIP 33073
NAME	Richard A Levy		
ADDRESS	5879 NW 48 Ave		
CITY	Coconut Creek	STATE	FL ZIP 33073
NAME	Lynda Rowlands		
ADDRESS	354 NW 21 St.		
CITY	Boca Raton	STATE	FL ZIP 33431

ARTICLE VII - INCORPORATORS

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

NAME	Joan Walerstein		
ADDRESS	5879 NW 48 Ave		
CITY	Coconut Creek	STATE	FL ZIP 33073
NAME	Richard A LEVY LEVY		
ADDRESS	5879 NW 48 Ave		
CITY	Coconut Creek	STATE	FL ZIP 33073
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this _____ day of Sept 26, 2003



(Seal)

(Seal)

(Seal)

CERTIFICATE AND KNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

FILED

2003 SEP 26 PM 1:22

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Total Therapy Providers of Florida, 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 ~~Joan Walerstein~~ 5100 W Copans Rd Suite 300
Margate, FL 33063

has named Joan Walerstein
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.

Joan Walerstein
(registered agent)