

P04000037844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

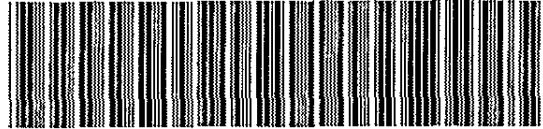
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

~~1044-5446~~  
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## TRANSMITTAL LETTER

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

SUBJECT: Registration of InnerConnections, LTD As A Florida Cor

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

### FEES:

|  |          |
|--|----------|
| Certificate of Domestication                 | \$50.00  |
| Articles of Incorporation and Certified Copy | \$78.75  |
| Total to domesticate and file                | \$128.75 |

### OPTIONAL:

|                       |         |
|-----------------------|---------|
| Certificate of Status | \$ 8.75 |
|-----------------------|---------|

FROM: FREDERICK B STAHLMAN II  
Name (printed or typed)

8089 TAUREN CT  
Address

NAPLES FL 34119  
City, State & Zip

239-398-3154  
Daytime Telephone number



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

February 10, 2004

FREDERICK B. STAHLMAN, II  
8089 TAUREN CT.  
NAPLES, FL 34119

SUBJECT: INNERCONNECTION PHYSICAL THERAPY, LTD  
Ref. Number: W04000005460

We have received your document for INNERCONNECTION PHYSICAL THERAPY, LTD. However, the document has not been filed and is being returned for the following:

The use of the abbreviation "Ltd." does not clearly indicate that this is a corporation instead of a partnership. Therefore, please remove the abbreviation "Ltd." from the corporate name."

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) 245-6934.

Loria Poole  
Document Specialist  
New Filings Section

Letter Number: 904A00008890

## CERTIFICATE OF DOMESTICATION

The undersigned, FREDERICK B STAHLMAN II, Co-owner,  
(Name) (Title)

of InnerConnections, LTD a foreign corporation,  
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was July 29
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was State of Rhode Island and Providence Plantations
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was InnerConnections, LTD
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is InnerConnections Physical Therapy, Inc.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was 64 MAINTUCKET RD WAKEFIELD RI 02879
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am co-owner, of InnerConnections, LTD

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 17 day of February, 2004.

*Frederick B Stahlman II*  
(Authorized Signature)

### Filing Fee:

|  |                 |
|--|-----------------|
| Certificate of Domestication                 | \$50.00         |
| Articles of Incorporation and Certified Copy | <u>\$78.75</u>  |
| Total to domesticate and file                | <u>\$128.75</u> |

## 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:

Inner Connections Physical Therapy, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5633 STRAND BLVD  
SUITE 310  
NAPLES FL 34110

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To carry on the business of providing health care services, including but not limited to: physical therapy, craniosacral therapy, myofascial mobilization, postural balancing and to that end, borrow money from persons, firms, corporations and lending institutions to carry on said purposes; to purchase or to otherwise acquire real estate and equipment for the purpose of conducting business; and to carry on all types of lawful business enter

ARTICLE IV SHARES  
The number of shares of stock is: 100 shares  
50 shares: MARTINE K. RINI  
50 shares: FREDERICK B. STAHLMAN II  
Prizes which may be incidental thereto or convenient in connection therewith and for any other lawful purpose.

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

MARTINE K. RINI, 8089 TAUREN CT, NAPLES, FL 34119; President; Sec.

FREDERICK B. STAHLMAN II, 8089 TAUREN CT, NAPLES FL 34119; Vice Pres / TREAS

### ARTICLE VI REGISTERED AGENT

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

FREDERICK B. STAHLMAN II, 8089 TAUREN CT; NAPLES, FL 34119

*Frederick B. Stahlman II*

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MARTINE K. RINI, 8089 TAUREN CT, NAPLES, FL 34119

\*\*\*\*\*

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

*Frederick B. Stahlman II*  
Signature/Registered Agent

2/17/04  
Date

*Martine K. Rini*  
Signature/Incorporator

2/17/04  
Date

FILED  
2004 FEB 27 P 1:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA