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(Requestor's Name)

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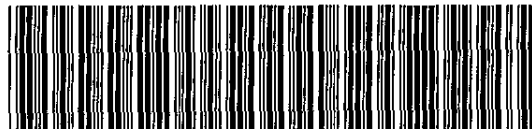
(Business Entity Name)

(Document Number)

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

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

SUBJECT: RICHARDS' 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  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: JENORIA RICHARDS  
Name (Printed or typed)

105 WAKULLA SPRINGS WAY  
Address

ROYAL PALM BEACH, FL 33411  
City, State & Zip

561-707-2488  
Daytime Telephone number

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

41 11985



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

March 26, 2004

JENORA RICHARDS  
105 WAKULLA SPRINGS WAY  
ROYAL PALM BEACH, FL 33411

SUBJECT: RICHARDS' THERAPY, INC.  
Ref. Number: W04000011985

We have received your document for RICHARDS' THERAPY, INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$78.75. Your document will be retained in our pending file.

If you have any further questions concerning your document, please call (850) 245-6919.

Beth Register  
Document Specialist Supervisor  
New Filings Section

Letter Number: 204A00020038

**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: **RICHARDS' THERAPY, INC.**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

**105 WAKULLA SPRINGS WAY  
ROYAL PALM BEACH, FL. 33411**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**PHYSICAL THERAPY**

**ARTICLE IV SHARES**

The number of shares of stock is: **ONE (1)**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

**JENORIA RICHARDS, PRESIDENT  
105 WAKULLA SPRINGS WAY  
ROYAL PALM BEACH, FL 33411**

**ARTICLE VI REGISTERED AGENT**

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

**JENORIA RICHARDS  
105 WAKULLA SPRINGS WAY  
ROYAL PALM BEACH, FL 33411**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

**JENORIA RICHARDS  
105 WAKULLA SPRINGS WAY  
ROYAL PALM BEACH, FL 33411**

\*\*\*\*\*  
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

JSR  
Signature/Registered Agent

3/22/04  
Date

JSR  
Signature/Incorporator

3/22/04  
Date