

PO4000094330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

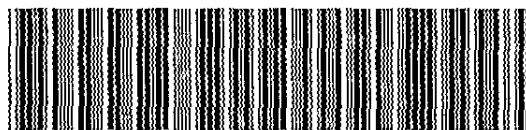
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

04 JUN 18 AM 10:43

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746/21/04

TRANSMITTAL LETTER

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

SUBJECT: P.T. @ YOUR HOME, 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: LOUIS SAIAS
Name (Printed or typed)

P.O. BOX 29838
Address

SAN JUAN, Puerto Rico 00929-0838
City, State & Zip

787-390-4651
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:

P.T. @ YOUR HOME, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

P.O. Box 29838
San Juan, Puerto Rico 00929-0838

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide Physical Therapy Services to patients at their own homes.

ARTICLE IV SHARES

The number of shares of stock is:

One Thousand (1000)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Louis Salas, MS, RPT, LMT
Director
P. O Box 29838
San Juan, Puerto Rico 00929-0838

ARTICLE VI REGISTERED AGENT

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

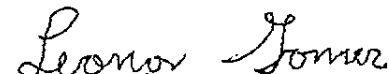
Leonor Gomez
2642 NW 91st Ave
Coral Springs, Florida 33065
Tel: 954.753.4867

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Louis Salas
Country Club
Calle Calandria 925
San Juan, Puerto Rico 00925

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

Date 06.03.04


Signature/Incorporator

Date 06.15.04

FILED

04 JUN 18 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA