

PD5000070880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

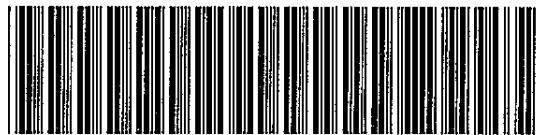
(Business Entity Name)

(Document Number)

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2005 MAY 13 AM 9:08

FLORIDA
STATE
DEPARTMENT
OF
THE
ATTORNEY
GENERAL
FLORIDA
BUREAU
OF
INVESTIGATION

5/13/05
JCF

TRANSMITTAL LETTER

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

2005 MAY 13 AM 9:08

FLORIDA STATE
TALLAHASSEE FLORIDA

SUBJECT: CaringTherapists, 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: Neil Anthony Agustin
Name (Printed or typed)

4643 Northpointe Cir

Address

Pensacola, FL 32514

City, State & Zip

850-474-0189

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:

CaringTherapists, Inc.

100-3125-0000-0000-0000

2005 MAY 13 AM 9:08

STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4643 Northpointe Cir
Pensacola, FL 32514

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide/staff physical, occupational and speech therapists on a contractual basis to hospitals, skilled nursing facilities, outpatient clinics, and other healthcare organizations which offers physical rehabilitation.

ARTICLE IV SHARES

The number of shares of stock is:

10000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Neil Anthony Agustin—President/Director
4643 Northpointe Cir
Pensacola, FL 32514

Maja Agustin —Secretary/Director
4643 Northpointe Cir, Pensacola, FL 32514

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Neil Anthony Agustin
4643 Northpointe Cir
Pensacola, FL 32514

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Neil Anthony Agustin
4643 Northpointe Cir
Pensacola, FL 32514

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

Neil Anthony Agustin

Signature/Registered Agent
NEIL ANTHONY AGUSTIN

05/10/05

Date

Neil Anthony Agustin

Signature/Incorporator

NEIL ANTHONY AGUSTIN

05/10/05

Date