

POS000106641

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(City/State/Zip/Phone #)

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(Business Entity Name)

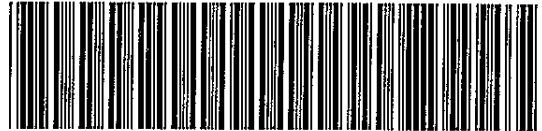
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07/11/05--01037--015 **78.75

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05 AUG - 1 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CB 8-2

TRANSMITTAL LETTER

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

SUBJECT: Home Therapy Specialists, 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: Kelly Rocheleau
Name (Printed or typed)

4001 Spruce Ave
Address

West Palm Beach, FL 33407
City, State & Zip

561-385-2071
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 13, 2005

KELLY ROCHELEAU
4001 SPRUCE AVE
W PALM BCH, FL 33407

SUBJECT: HOME THERAPY SPECIALISH, INC.
Ref. Number: W05000033587

We have received your document for HOME THERAPY SPECIALISH, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

The corporation cannot serve as its own registered agent. Please list the persons name that appears on the signature line.,

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) 245-6925.

Cynthia Blalock
Document Specialist
New Filings Section

Letter Number: 405A00046295

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME

The name of the corporation shall be:

Home Therapy Specialists, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4001 Spruce Ave
West Palm Beach, FL 33407

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide Home Health Physical Therapy Services

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Kelly Rocheleau, MPT
4001 Spruce Ave
West Palm Beach, FL 33407

ARTICLE VI REGISTERED AGENT

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

Kelly Rocheleau
4001 Spruce Ave
West Palm Beach, FL 33407

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kelly Rocheleau
4001 Spruce Ave
West Palm Beach, FL 33407

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

Kelly Rocheleau
Signature/Registered Agent

7/19/05
Date

Kelly Rocheleau
Signature/Incorporator

7/19/05
Date