(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	:#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



400082484664

01/03/07--01022--016 **70.00

07 JAN -9 AM 10: 52

RECEIVED

B. McKnight JAN 1 0 2007

	INC. 236	To a Cat A			
	P.O. Box 37066 (32315	East 6th Avenue . Tallahassee, Florida 32303 -7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666			
WALKIN					
PICK UP:		1/9			
	CERTIFIED COPY				
İΧ	РИОТОСОРУ	**************************************			
	CUS				
N	FILING	MC			
· _	Therapy Solutions e	França Bayinc			
_	CORPORATE NAME AND DOCUMEN	T#)			
_					
	(CORPORATE NAME AND DOCUMEN	TEH)			
· _	(CORPORATE NAME AND DOCUMEN				
· _		(T #)			

*ECIAL INSTRUCTIONS:

ARTICLES OF INCORPORATION

<u>OF</u>

THERAPY SOLUTIONS OF TAMPA BAY, INC.

The undersigned as incorporator forms a corporation within the meaning of the applicable provisions of Florida Statutes, Chapter 607.

ARTICLE I.

NAME

The name of this corporation is THERAPY SOLUTIONS OF TAMPA BAY, INC.

ARTICLE II.

PRINCIPAL OFFICE

The principal address of this corporation is: 2261 Hannah Way South, Dunedin, FL 34698.

ARTICLE III.

CAPITAL STOCK

This corporation is authorized to issue 1,000 shares of \$0.01 par value common stock.

ARTICLE IV.

REGISTERED OFFICE AND REGISTERED AGENT

The name of the Registered Agent of this corporation and the street address of the Registered Office are as follows:

Name:

Sheri L. Scherpf

Address:

2261 Hannah Way South

Dunedin, FL 34698

ARTICLE V.

INCORPORATOR

The name and address of the incorporator of this corporation is:

Name:

Sheri L. Scherpf

Address:

2261 Hannah Way South Dunedin, FL 34698

ARTICLE VI.

EFFECTIVE DATE OF ARTICLES

These Articles shall be effective upon filing with the Secretary of State for Florida.

IN WITNESS WHEREOF, the undersigned, as incorporator, has hereunto set the undersigned's hand and seal this _____ day of January, 2007, for the purpose of organizing this corporation under the laws of the State of Florida.

SHERI L. SCHERPF

ACKNOWLEDGMENT:

Having been named to accept service of process for the above-stated corporation, at the place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

SHERI L. SCHERPF

07 JAN -9 AMII: 48

3