

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

Phone : (305) 634-3694

Fax Number : (305)633-9696;

FLORIDA PROFIT/NON PROFIT CORPORATION

new physical therapy service corp.

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ARTICLES OF INCORPORATION

OF

NEW PHYSICAL THERAPY SERVICE CORP.

The undersigned incorporator(s), for the purpose of forming a Profit Corporation under Chapter 607 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

The name of this corporation shall be: NEW PHYSICAL THERAPY SERVICE CORP.

ARTICLE II

This corporation shall commence existence upon the date of filing with the Division of Corporations, State of Florida, and shall have perpetual existence.

ARTICLE III

The principal place of business of this corporation: 9441 S.W. 31^{ετ} TERRACE, MIAMI, FL 33165.

ARTICLE IV

The general nature of business of this corporation is to transact any and all lawful business.

ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue is 100 shares of common stock, having an individual par value of \$1.00.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

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ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be: STANLEY I. FOODMAN, 1201 BRICKELL AVENUE, SUITE 610, MIAMI, FL 33131.

ARTICLE VII

The name and address of the officers and board of directors shall be:

PRESIDENT ADDIE FORNARIS

9441 S.W. 31ST TERRACE MIAMI, FL 33165

ARTICLE VIII

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

EMPIRE CORPORATE KIT AMERICA, INC. 2444 NW 7TH PLACE MIAMI, FLORIDA 33127

The undersigned has executed these Articles of Incorporation this 21^{sr} day of JUNE, 2007.

INCORPORATOR

Ray Stormont Signing for Empire Corporate Kit of America, Inc.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

New Thysical Therapy Ervice Corp. (Name of Corporation)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

REGISTERED AGENT

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