

PO7000074788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

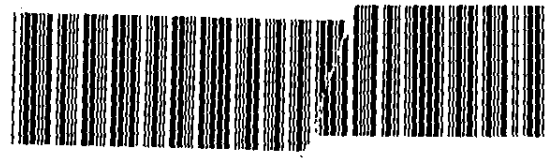
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

625
1007-29198



900104331769

06/19/07--01028--025

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JUN 27 PM 12:02

RECEIVED
07 JUN 19 PM 12:35
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

6/28/07

LAZARUS
CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JUN 27 PM 12:02

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. TRANSITIONS PHYSICAL THERAPY, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

- Walk in Pick up time 2.00 Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS

- Profit
 Not for Profit
 Limited Liability
 Domestication
 Other

AMENDMENTS

- Amendment
 Resignation of R.A., Officer/Director
 Change of Registered Agent
 Dissolution/Withdrawal
 Merger

OTHER FILINGS

- Annual Report
 Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
 Limited Partnership
 Reinstatement
 Trademark
 Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 26, 2007

LAZARUS CORPORATE FILING SERVICE

SUBJECT: TRANSITIONS PHYSICAL THERAPY, INC.
Ref. Number: W07000029198

RECEIVED
07 JUN 27 PM 4: 18
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for TRANSITIONS PHYSICAL THERAPY, 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):

You failed to make the correction(s) requested in our previous letter.

The name of the entity must be identical throughout the document.

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) 245-6973.

Claretha Golden
Document Specialist
New Filing Section

Letter Number: 607A00041732

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JUN 27 PM 12: 02



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUN 27 PM 12:02

June 22, 2007

LAZARUS CORPORATE FILING SERVICE

SUBJECT: TRANSITIONS PHYSICAL THERAPY, INC.
Ref. Number: W07000029198

We have received your document for TRANSITIONS PHYSICAL THERAPY, 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 name of the entity must be identical throughout the document.

A corporation may not serve as its own registered agent. Please designate an individual or another active entity filed or registered with this office, having a Florida street address.

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) 245-6973.

Claretha Golden
Document Specialist
New Filing Section

Letter Number: 007A00041306

RECEIVED
07 JUN 25 AM 10:59
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JUN 27 PM 12:03

June 20, 2007

LAZARUS CORPORATE FILING SERVICE

SUBJECT: TRANSITIONS PHYSICAL THERAPY, INC.
Ref. Number: W07000029198

We have received your document for TRANSITIONS PHYSICAL THERAPY, 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 effective date is not acceptable since it is not within five working days of the date of receipt.

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) 245-6973.

Claretha Golden
Document Specialist
New Filing Section

Letter Number: 607A00040841

RECEIVED
07 JUN 21 AM 11:10
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

6/20/07

1

DOC. NO: _____
ARTICLES OF INCORPORATION
Of
TRANSITIONS PHYSICAL THERAPY, Inc.

*FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JUN 27 PM 12:03

The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act, does hereby adopt the following Articles of Incorporation.

ARTICLE I

The name of the corporation is TRANSITIONS PHYSICAL THERAPY, Inc.

ARTICLE II

The term of the existence of the corporation is perpetual. The inception date of the corporation and the day it began operations is JUNE 20 2007.

ARTICLE III

The general purpose for which the corporation is to engage or transact in any or all lawful activities or business permitted under the laws of the United State, the State of Florida or any other state, country, territory or nation.

ARTICLE IV

The aggregate number or shares of stock which the corporation is authorized to issue is One hundred (100).

ARTICLE V

The street address of the initial registered office and the principal place of business of the corporation is: 7401-2 SOUTH ARAGON BOULEVARD, SUNRISE, FL 33313 and the name of the agent at such address is: JULIE CHAU.

ARTICLE VI

The number of directors constituting the initial board of directors of the corporation is (2). The name and address of the person who is to serves as initial board is:

<u>Name</u>	<u>Address</u>
JULIE CHAU (DIRECTOR)	7401-2 SOUTH ARAGON BOULEVARD SUNRISE, FL 33313

DOC. NO: _____

DOC. NO: _____

ARTICLE VII

The name and address of the person signing these Articles of Incorporation is:

Name

Address

JULIE CHAU (DIRECTOR)

7401-2 SOUTH ARAGON BOULEVARD
SUNRISE, FL 33313

Executed by the undersigned at Miami-Dade County, Miami, Florida on this 4TH day of June, 2007.



JULIE CHAU

DOC. NO: _____

DOC. NO: _____

ACCEPTANCE BY REGISTERED AGENT:

Having been named to accept service of process for the above named corporation at a place designated in these Articles of Incorporation, I hereby accept to act in this capacity, and agree to comply with the provision of Chapter 48.091, Florida Statutes, relative to keeping open said office for service of process.



JULIE CHAU

DOC. NO: _____

DOC. NO _____

CERTIFICATE DESIGNATION (OR CHANGING) PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In pursuance of Chapter 607.34 Florida Statutes, the following is submitted, in compliance with said Act: _____ desiring to organize under the laws of the State of Florida, with its principal office, as indicated in the Articles of Incorporation at City of Palmetto Bay,

County of Broward County, State of Florida,

has named *JULIE CHAU*

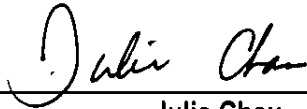
located at 7401-2 SOUTH ARAGON BOULEVARD, SUNRISE, FL 33313

City of Sunrise, County of Broward,

State of Florida, as its agent to accept service of process within this state.

ACKNOWLEDGEMENT:

Having been named to accept service of process for the above state corporation, at place designated in this certificate, I hereby accept.



Julie Chau

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JUN 27 PM 12:03

DOC. NO: _____