

P07000131336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

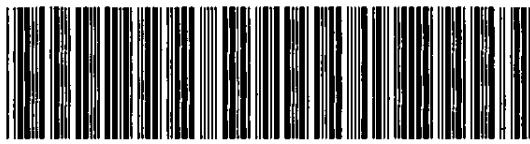
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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## COVER LETTER

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

**SUBJECT: KO PHYSICAL THERAPY INC.**  
**(PROPOSED CORPORATE NAME - MUST INCLUDE SUBJECT)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00       \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

**FROM: KRISTINE OBLIGACION**

Name (Printed or typed)

**4406 COHUNE PALM COURT**

Address

**GREENACRES, FL 33463**

City, State & Zip

**561-234-8685**

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:

**KO PHYSICAL THERAPY INC.**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:  
4406 COHUNE PALM COURT  
GREENACRES, FL 33463

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**PHYSICAL THERAPY SERVICES**

**ARTICLE IV SHARES**

The number of shares of stock is:

**100**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

KRISTINE OBLIGACION, PRES/DIRECTOR  
4406 COHUNE PALM COURT  
GREENACRES, FL 33463

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TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

KRISTINE OBLIGACION,  
4408 COHUNE PALM COURT  
GREENACRES, FL 33463

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

KRISTINE OBLIGACION,  
4408 COHUNE PALM COURT  
GREENACRES, FL 33463

*Kristine Obligacion*

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

*Kristine Obligacion*

Signature/Registered Agent

*12/9/07*

Date

*Kristine Obligacion*

Signature/Incorporator

*12/9/07*

Date

*Kristine Obligacion*

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