

P10 000048090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

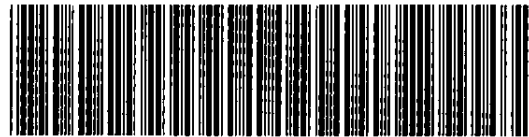
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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2010 JUN -7 P 12:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN -8 2010  
D.A. WHITE

## COVER LETTER

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

SUBJECT: North Broward Physical Therapy 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: Michael Barry Pivnick  
Name (Printed or typed)

4305 NW 103RD Ave.  
Address

Sunrise Fl. 33351  
City, State & Zip

954-588-0983  
Daytime Telephone number

m\_pivnick@bellsouth.net  
E-mail address: (to be used for future annual report notification)

**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:

*North Broward Physical Therapy Inc.*

## ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

*2301 W. Sample Rd Bldg 2 Suite 9A  
Deerfield Beach FL 33443*

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*To Practice Physical Therapy*

## 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):

*Mr. Michael Barry Pivnick - All Offices  
4305 NW 103rd Ave  
Sunrise FL 33351*

## ARTICLE VI REGISTERED AGENT

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

*Michael Barry Pivnick  
4305 NW 103rd Ave  
Sunrise FL 33351*

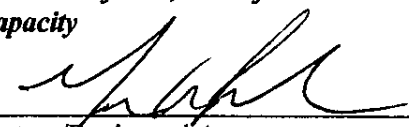
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Michael Barry Pivnick  
4305 NW 103rd Ave  
Sunrise FL 33351*

\*\*\*\*\*

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

  
\_\_\_\_\_  
Signature/Registered Agent

*5/14/2010*  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

*5/14/2010*  
\_\_\_\_\_  
Date

FILED  
2010 JUN - 1 P 12:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA