

PI10000092330

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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AND  
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VH

## COVER LETTER

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

SUBJECT: Therapeutic Services of the Palm Beaches, 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: Robert A. Moran

Name (Printed or typed)

12794 West Forest Hill Blvd. Suite 16

Address

Wellington, FL 33414

City, State & Zip

(561) 296-5288

Daytime Telephone number

jacquelinestean@gmail.com

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 19, 2011

ROBERT A. MORAN  
12794 WEST FOREST HILL BLVD. SUITE 16  
WELLINGTON, FL 33414

SUBJECT: THERAPEUTIC SERVICES OF THE PALM BEACHES, INC.  
Ref. Number: W11000048250

We have received your document for THERAPEUTIC SERVICES OF THE PALM BEACHES, 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 document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected 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) 245-6962.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 211A00021613

**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: Therapeutic Services of the Palm Beaches, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2200 N. Florida Mango Rd.  
Suite 201  
West Palm Beach, FL 33409

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

New business for medical services.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: Robert A. Moran, M.D.  
Address: 2200 N. Florida Mango Rd.  
Suite 201  
West Palm Beach, FL 33409

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
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**ARTICLE VI REGISTERED AGENT**

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

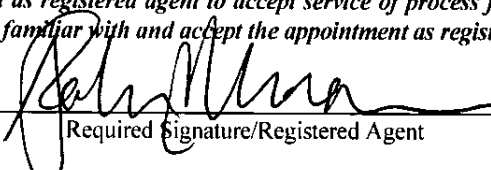
Name: Robert A. Moran  
Address: 2200 N. Florida Mango Rd. Suite 201  
West Palm Beach, FL 33409

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

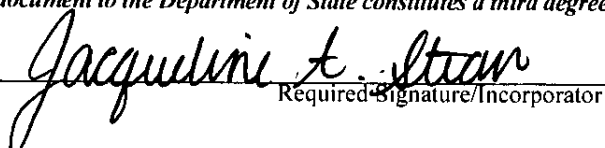
Name: Jacqueline A. Stean  
Address: 2200 N. Florida Mango Rd. Suite 201  
West Palm Beach, FL 33409

*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*

  
Required Signature/Registered Agent

10/11/2011  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
Required Signature/Incorporator

10/11/2011  
Date