

May 14 2004 7p

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6321

From: Account Name : CSH SERVICES, LLC
Account Number : 120070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

Shoenfelt Therapy Professionals Corp

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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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:

SHOENFELT THERAPY PROFESSIONALS CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

2172 ALWORTH TERRACE
WELLINGTON, FL 33414

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is/are:

DIRECTOR, PRESIDENT
JAMES W. SHOENFELT
2172 ALWORTH TERRACE
WELLINGTON, FL 33414

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PAGE 2 SHOENFELT THERAPY PROFESSIONALS CORP

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

JAMES W. SHOENFELT
2172 ALWORTH TERRACE
WELLINGTON, FL 33414

ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

JAMES W. SHOENFELT
2172 ALWORTH TERRACE
WELLINGTON, FL 33414

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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.



JAMES W. SHOENFELT / Registered Agent

5/14/12
Date



JAMES W. SHOENFELT / Incorporator

5/14/12
Date

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