

P/B00007749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

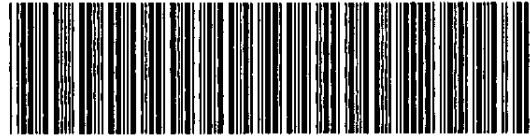
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 SEP 16 AM 11:36

9-19-13

COVER LETTER

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

SUBJECT: Restorative Therapy Outpatient, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: James P. Hallatt
Name (Printed or typed)
4121 Mariner Blvd.
Address
Spring Hill, FL 34609
City, State & Zip
(352) 340-5924
Daytime Telephone number
scastillo@restorativetherapyflorida.com
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)

FULL STATE
SECRETARY OF CORPORATIONS
13 SEP 16 AM 11:36
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be:

Restorative Therapy Outpatient, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4121 Mariner Blvd.

Spring Hill, FL 34609

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Physical, Occupational, and Speech Therapy.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **James P. Hallatt, President**

Address: **4121 Mariner Blvd.
Spring Hill, FL 34609**

Name and Title: **Justin Spiegel, VP**

Address: **4121 Mariner Blvd.
Spring Hill, F 34609**

Name and Title: **Robert Nye, VPT**

Address: **4121 Mariner Blvd.
Spring Hill, FL 34609**

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

(conti.)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: James P. Hallatt

Address: 4121 Mariner Blvd.

Spring Hill, FL 34609

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: James P. Hallatt

Address: 4121 Mariner Blvd.

Spring Hill, FL 34609

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

9-9-2013
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

9-9-2013
Date