

P17000014529

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
HEALTH THERAPY PROFESSIONAL SERVICES CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
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~~2AS~~ REQUEST

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 13, 2017

LAZARUS

SUBJECT: HEALTH THERAPY PROFESSIONAL SERVICES CORP
REF: W17000012297

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Neysa Culligan
Regulatory Specialist II

FAX Aud. #: H17000040272
Letter Number: 117A00002772

~~2ND REQUEST~~

I SUBMITTED THIS ON
FEB 12, 13, 14 & again
today on the 15th.
PLEASE FILE

ARTICLES OF INCORPORATION H17000040272
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME: The name of the corporation is:

HEALTH THERAPY PROFESSIONAL SERVICES CORP

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

1890 SW 57 AVE SUITE 104
MIAMI FL 33155

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

NOLBIS R. LA FITA (PRESIDENT)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

NOLBIS R. LA FITA
1890 SW 57 AVE SUITE 104
MIAMI FL 33155

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

NOLBIS R. LA FITA
1890 SW 57 AVE SUITE 104
MIAMI FL 33155

H17000040272

H17000040272

Required Signatures:

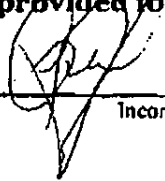
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Registered Agent

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.



Incorporator

Date

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