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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : AGENTS AND CORPORATIONS, INC
Account Number : I20010000112
Phone : (302)575-0875
Fax Number : (302)575-1642

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

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**FLORIDA PROFIT/NON PROFIT CORPORATION
THOMAS CENTER FOR PHYSICAL THERAPY, P.A.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

T. SCOTT
JUN - 2 2022

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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: THOMAS CENTER FOR PHYSICAL THERAPY, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

100 PROFESSIONAL BLVD.
DAYTONA BEACH, FL 32114

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO ENGAGE IN THE PROVISION OF PHYSICAL
THERAPY SERVICES AND ANY ACTIVITIES RELATED OR INCIDENTAL THERETO.

ARTICLE IV SHARES

The number of shares of stock is: 1,500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MEGAN KEARNEY - DIRECTOR

Name and Title: MEGAN KEARNEY - PRESIDENT

Address 1415 WEST CHELSEA AVENUE
DELAND, FL 32720

Address: 1415 WEST CHELSEA AVENUE
DELAND, FL 32720

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: AGENTS AND CORPORATIONS, INC.
Address: 539 FIFTH AVENUE SOUTH, SUITE 330
NAPLES, FL 34102

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARK D. SCHEINBLUM
Address: 941 W. MORSE BLVD., SUITE 100
WINTER PARK, FL 32789

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Jeannette M. Veatch, ASST. SECRETARY 6/1/2022
Required Signature/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.

Mark D. Scheinblum 6/1/2022
Required Signature/Incorporator Date