# P9500010958

### TRANSMITTAL LETTER

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

\$00001398985 -02/07/95--01033--016 \*\*\*\*122,50 \*\*\*\*\*122,50

SUBJECT:	Riverside Ther	apy Inc.		
(1		name - must include su	(ffix)	
Enclosed is an original for :  \$70.00  Filing Fee	and one (1) cop \$78.75 Filing Fee & Certificate	y of the articles of  X \$122.50  Filing Fee & Certified Copy	incorporation and a ci \$131.25 Filing Fee, Certified Copy & Certificate	SECRETA DIVISION OF Beck 95 FEB -
FROM:	David P	ierce Smith		
	Name (printed or typed)  335 Indian River Ave. Titusville, FL 32796  Address			OF STATE REPORATIONS AM 10: 14
				5HOI
	C	ity, State & Zip		
	(407)268-	5752		
	Daytim			

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB - 6 AM 10: 14

#### **ARTICLES OF INCORPORATION**

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be: Riverside Therapy Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 335 Indian Rive: Ave. Titusville, FL 32796

#### ARTICLE III SHARES

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: 335 Indian River Ave. Titusville, FL 32796

#### ARTICLE V INCORPORATOR(S)

	The name(s) tion is(are):	) and street address(es) o	of the incorporate	or(s) to these Articles of	of Incorpora-
f	resident:	David Pierce Smith 335 Indian River Av	Titusvilla	Pt. 32706	
		THE	iicusviila,	FL 32/96	
	The undersi	gned incorporator(s) has	(have) executed	these Articles of Incorp	oration this
3rd		day ofFe	bruary	, <b>19</b> 95	
		D. P. <b>D</b>	2		
	<del></del>		Signature		

Articles of Incorporation Filing Fee - \$35

Signature

Signature

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The nam	e of the corporation is:	Riv	erside Th	erapy Inc.		<del></del>
						·
2. The nam	e and address of the re	giste	red agent	and office is:		
	David Pier	e Sm	ith			
			(Name)		<del></del>	
	335 Indian	≀iver	Ave.			
	(P.	O. Bo	X <u>not</u> accep	table)		
	Titusville,	FL	32796			
		(City	y/State/Zip)			
Having been above stated the appoint of comply with the comply with the comple of my as registered.	n named as registered a d corporation at the pla nent as registered age ith the provisions of all d duties, and I am famili d agent.	agent ce de nt and statu ar wit	and to ac signated i l agree to tes relatin h and acc	cept service of this certification this certification this cape to the property the obligation to the obligation the obligation.	of process ate, I here acity. I fu er and con tions of n	for the by accept inher agree aplete perfo ny position
1	>PA			J2/03/199	95	
	(Signature)				(Date)	