

ROBERT GLAZER, PH.D, P.A.

PSYCHOTHERAPY

PROFESSIONAL TRAINING

89500051707

6/28/95

Department of State

Division of Consular  
409 East Gaines Street

Tallahassee, Florida 32399

Sir:

Please find enclosed my payment of \$170 to  
The Corporate Therapy Funding Service as of  
as possible.

Thank you

Robert Glazer

300001527373  
-06/29/95--01076--017  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

FILED  
1995 JUN 29 AM 10:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECORDED JUL 5 1995

## TRANSMITTAL LETTER

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

SUBJECT: Therapy Funding Service  
(Proposed corporate name - must include suffix)

FILED  
1995 JUN 29 AM 10:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☒ \$70.00      ☐ \$78.75      ☐ \$122.50      ☐ \$131.25

FROM: Robert Glazer  
Name (printed or typed)  
Route 1 Box 16  
Address  
Alachua, Florida 32615  
City, State & Zip  
(904) 462-5155  
Daytime Telephone number

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

# ARTICLES OF INCORPORATION OF

Therapy Funding Service INC.

*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: Therapy Funding Service INC.

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

Route 1 Box 16  
Alachua, Florida 32615

## **ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

One Hundred (100)

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

The name and address of the initial registered agent is:

Robert Glazer, Ph. D.  
Route 1 Box 16  
Alachua, Florida 32615

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**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Robert Glazer, Ph.D.  
Route 1 Box 16  
Alachua, Florida 32615

Kristi Cliett Glazer  
Route 1 Box 16  
Alachua, Florida 32615

Aaron Michael Glazer  
Route 1 Box 16  
Alachua, Florida 32615

Susan Deborah Cliett  
Route 1 Box 16  
Alachua, Florida 32615

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

27<sup>th</sup> day of JUNE, 19 95.

Robert Glazer Ph.D.  
Signature

Aaron Glazer  
Signature

Susan Deborah Cliett  
Signature

Kristi Cliett Glazer by Robert Glazer for  
minor child

## 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 name of the corporation is: Therapy Funding Service INC.

2. The name and address of the registered agent and office is:

Robert Glazer, Ph. D.

(Name)

Route 1 Box 16

(P.O. Box not acceptable)

Alachua, Florida 32615

(City/State/Zip)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Robert Glazer Ph.D.  
(Signature)

6/27/95