

P96000005/98

16732 S.W. 101 AVE. -  
MIAMI, FL. 33157 -

700001667747  
-12/21/95--01048--002  
\*\*\*\*131.25 \*\*\*\*131.25

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

CR2E031(10/92)

Examiner's Initials

FILED  
96 JUN 17 PM 3:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

95-25046  
5-8-95  
12-28-95



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Morthum**  
*Secretary of State*

December 28, 1995

**KARLUS ARTIS, M.D.**  
**16732 S.W. 101 AVENUE**  
**MIAMI, FL 33157**

**SUBJECT: PHYSICIANS THERA CARE INC.**  
**Ref. Number: W95000025046**

We have received your document for PHYSICIANS THERA CARE INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6933.

**Dana Farmer**  
**Document Specialist**

**Letter Number: 995A00055539**

STATE OF FLORIDA  
DEPARTMENT OF THE SECRETARY OF STATE  
ARTICLES OF INCORPORATION

OF

PHYSICIANS THERA CARE INC.

FILED  
26 JAN 17 PM 3:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PURSUANT TO SECTION 607.0202, OF THE GENERAL STATUTES OF FLORIDA,  
THE UNDERSIGNED DOES HEREBY SUBMIT THESE ARTICLES OF INCOR-  
PORATION FOR THE PURPOSE OF FORMING A BUSINESS CORPORATION.

ARTICLE I NAME

1. The name of the corporation is Physicians Thera Care Inc.

ARTICLE II PRINCIPAL OFFICE

2. The principal place of business and mailing address of this corporation shall be: 16732 S.W. 101 Ave. Miami, Florida 33157 County of Dade.

ARTICLE III SHARES

3. The number of shares the corporation is authorized to issue is 1,000,000. With each share of stock having a par value of \$1.00 per share.

These shares shall be (check either -A- or B).

- (A) ☒ All of one class, Designated as common stock: or  
(B) ☐ Divided into classes or series within a class as  
provided in the attached schedule,

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

4. The name and street address and county of the initial registered agent of the corporation is: Willie Smith  
16732 S.W. 101 Ave. MIAMI, FLORIDA  
33157 COUNTY OF DADE.

ARTICLE V INCORPORATOR (S)

5. the name(s) and street address(es) of the incorporator(s) to these articles of incorporation is(are):

President- - Karlus Artis, M.D. 16732 S.W. 101 Ave.  
Miami, Florida 33157 County of Dade.

Secretary/Treasure--- Karlus Artis, M.D. 16732 S.W. 101  
Ave. Miami, Florida 33157 County of Dade.

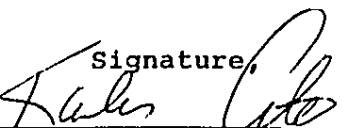
ARTICLE VI PURPOSE FOR THE CORPORATION

6. The purpose or purposes for which the corporation is organized are:
- (a) To conduct Physical Therapy Care.
  - (b) To conduct Pain Rehabilitation Care.
  - (c) To Sale Retail and Wholesale Medical Supply in all class and description including, but not without limitations.
  - (d) And in order properly to prosecute the objects and purposes above set forth the corporation shall have full power and authority to purchase, lease and otherwise acquire and hold, Land and Building. To have wholesale inventory, to sell retail and wholesale, within Florida and in all other States. Territories and dependencies of the United States;.
  - (e) To do any and all things herein set forth, and in addition such other acts and things necessary or convenient or intended for the attainment of any of the purpose of this corporation, to the same extent as natural persons lawfully might or could do in any part of the world, in so far as acts are permitted to be done by a corporation.

ARTICLE VII EXECUTED THESE ARTICLES OF INCORPORATION

7. THESE ARTICLES WILL BE EFFECTIVE UPON FILING, UNLESS A DATE AND/OR TIME IS SPECIFIED;

This 10th Day of January 1996

Signature  
  
( KARLUS ARTIS )  
Incorporator

NOTE:

1. Filing Fee, is \$131.25 execute original and one exact or conformed copy of these must be filed with the Secretary of the State of FLORIDA.

PHYSICIANS THERA CARE INC.

ARTICLE IV INITIAL REGISTERED AGENT

(" I Willie Smith - hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"

Signature, Willie Smith  
( Willie Smith )

Phono- 305-238-8254  
1-800-577-3431-(55) '

FILED  
96 JAN 17 PM 3:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA