

PA700058921

TRANSMITTAL LETTER
FILED

97 JUL -7 PM 2:28

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100002224821--4
-06/27/97--01051--018
****131.25 ****131.25

SUBJECT: Greater Orlando Therapy Clinic
(Proposed corporate name - must include suffix)

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: JOAN A. CLOW
Name (Printed or typed)

7949 Bridgestone Dr.
Address

Orlando, FL 32835
City, State & Zip

(407) 290-9554
Daytime Telephone number

W775035
PH
7/7/97

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



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

June 27, 1997

JOAN A. CLOW
7949 BRIDGESTONE DRIVE
ORLANDO, FL 32835

SUBJECT: GREATER ORLANDO THERAPY CLINIC, INC.
Ref. Number: W97000015035

We have received your document for GREATER ORLANDO THERAPY CLINIC, 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 registered agent must sign accepting the designation.

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 (850) 487-6915.

Pamela Hall
Document Specialist

Letter Number: 397A00034104

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ARTICLES OF INCORPORATION

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Greater Orlando Therapy Clinic, Inc.

ARTICLE II PRINCIPAL OFFICE

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

495 N. STATE Rd 434, Ste 405
Altamonte Springs, FL 32714

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

JOAN Clow
7949 BridgeStone Dr
Orlando, FL 32835

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

JOAN Clow
7949 BridgeStone Dr
Orlando, FL 32835

Joan A. Clow
Signature/Incorporator

6-22-97

Date

(An additional article must be added if an effective date is requested.)

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

Joan A. Clow
Signature/Registered Agent

6-22-97

Date