



ACCOUNT NO. : 072100000032

REFERENCE : 538392 112603A

AUTHORIZATION : *Patricia Payette*

COST LIMIT : \$ 122.50

ORDER DATE : September 22, 1997

ORDER TIME : 1:38 PM

ORDER NO. : 538392-010

CUSTOMER NO: 112603A

600002300346--4

CUSTOMER: Robert F. Vason, Jr., Esq
ROBERT F. VASON, JR., P.A.

P. O. Box 1430

Mount Dora, FL 32757

DOMESTIC FILING

NAME: THERAPIES, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Glisar

EXAMINER'S INITIALS:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 SEP 22 AM 11:46

RECEIVED
97 SEP 22 PM 3:34
DIVISION OF CORPORATION
[Signature]

W97-21752



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

RECEIVED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
27 SEP 22 11:46

September 23, 1997

CSC NETWORKS
1201 HAYS ST.
TALLAHASSEE, FL 32301-2607

SUBJECT: THERAPIES, INC.
Ref. Number: W97000021752

We have received your document for THERAPIES, INC. and the authorization to debit your account in the amount of \$122.50. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of 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) 487-6052.

Sandy Ng
Document Specialist

Letter Number: 697A00046963

RESUBMIT
Please give original
submission date as file date.

ARTICLES OF INCORPORATION
OF
CENTRAL FLORIDA THERAPY, INC.

FILED
STATE
97 SEP 22 2:11:45
INCORPORATIONS

ARTICLE I

NAME: The name of this Corporation is CENTRAL FLORIDA THERAPY, INC., and its address is 18650 U.S. Highway 441, Mount Dora, Florida 32757.

ARTICLE II

DURATION: This Corporation shall exist perpetually.

ARTICLE III

PURPOSE: The purpose is to engage in any activities or business permitted in the laws of the United States and Florida.

ARTICLE IV

CAPITAL STOCK: The Corporation shall have the authority to issue ONE THOUSAND (1,000) shares, all of one class, FIVE DOLLAR (\$5.00) par value.

ARTICLE V

PREEMPTIVE RIGHTS: Every shareholder upon the sale for cash of any new stock of this corporation of the same kind, class and series as that which he already holds, shall have the right to purchase his pro rata share thereof, as nearly as may be done without issuance of fractional shares at the price at which it is offered to others.

ARTICLE VI

INITIAL REGISTERED OFFICE AND AGENT: The street address of the initial registered office and Resident Agent of this Corporation is 18650 U.S. Highway 441, Mount Dora, Florida 32757 , and the name of the initial Registered Agent and Resident Agent of this Corporation at that address is Stephen T. DuVall.

ARTICLE VII

INITIAL BOARD OF DIRECTORS: This Corporation shall have two Directors. The number of Directors may be either increased or decreased from time to time by the Bylaws but shall never be less than one. The names and addresses of the initial Directors of this Corporation are:

STEPHEN T. DUVALL
18650 U.S. Highway 441
Mount Dora, Florida 32757

PAMELA D. DUVALL
18650 U.S. Highway 441
Mount Dora, Florida 32757

ARTICLE VIII

INCORPORATOR: The name and address of the person signing these Articles is:

STEPHEN T. DUVALL
18650 U.S. Highway 441
Mount Dora, Florida 32757

ARTICLE IX

POWER TO AMEND BYLAWS: The Bylaws can only be amended by a fifty-one (51%) percent majority vote of the outstanding shares.


STEPHEN T. DUVALL

STATE OF FLORIDA
COUNTY OF LAKE

The foregoing instrument was acknowledged before me this 12th day of November, 1997, by STEPHEN T. DUVALL,

- (☒) who is personally known to me and did not take an oath.
- () who has produced _____ as identification and did take an oath stating he was indeed the person set forth herein.



Karen K. Maxwell
NOTARY PUBLIC-
(Type or Print Notary Name)
Serial No., if any _____
My Commission Expires: _____

ACCEPTANCE OF REGISTERED AND RESIDENT AGENT

I, STEPHEN T. DUVALL, hereby accept the position of Registered and Resident Agent for CENTRAL FLORIDA THERAPY, INC.


STEPHEN T. DUVALL

FILED
CLERK OF STATE
97 SEP 22 AM 11:46
CORPORATIONS