

P98000022657

TRANSMITTAL LETTER

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

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-03/09/98--01052--002  
\*\*\*\*131.25 \*\*\*\*131.25

SUBJECT: River City Muscle Therapy, P.A.  
(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: Mellanie L. Tuttle  
Name (Printed or typed)

120 Janelle Ln.  
Address

Jacksonville FL 32211  
City, State & Zip

904-720-0584  
Daytime Telephone number

FILED  
98 MAR -9 AM 8:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

B. BROCK MAR 11 1998

## ARTICLES OF INCORPORATION

The undersigned Incorporators, for the purpose of forming a professional corporation under the Florida Business Corporation Act, hereby adopt the following Articles of incorporation.

### ARTICLE I: NAME

The name of the corporation shall be : River City Muscle Therapy, P.A.

### ARTICLE II: PRINCIPAL OFFICE

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

1501 San Marco Blvd. Jacksonville, FL 32207

### ARTICLE III: SHARES

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

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

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

Mellanie L. Tuttle 120 Janelle Lane Jacksonville, FL 32211

### ARTICLE V: INCORPORATORS

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

Deanna L. Rowling 3659 Lumberjack Circle N Jacksonville, FL 32223  
Mellanie L. Tuttle 120 Janelle Lane Jacksonville, FL 32211

### ARTICLE VI: PURPOSE FOR PROFESSIONAL CORPORATION

River City Muscle Therapy is a multidisciplinary clinic created for the purpose of providing alternative therapies and/or natural remedies to:

- adult and child patients experiencing muscle pain resulting from sports, auto or work accidents
- children suffering from juvenile arthritis, juvenile diabetes, ADD or AD/HD, asthma
- adult survivors of childhood abuse or spouse abuse

<u>Deanna L. Rowling</u>	<u>3/5/98</u>
Signature/Incorporator	Date
<u>Mellanie L. Tuttle</u>	<u>3/5/98</u>
Signature/Incorporator	Date

*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 am familiar with and accept the obligations of my position of registered agent.*

<u>Mellanie L. Tuttle</u>	<u>3/5/98</u>
Signature/Registered Agent	Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA