

P9900010211C

TRANSMITTAL LETTER

FILED

99 NOV 22 PM 3: 32

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400003017014--2--  
-10/18/99--01090--013  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: SPECIALTY PHYSICAL THERAPY, INC.  
(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 of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: TOYA STICER  
Name (Printed or typed)

1820 CADILLAC CIRCLE  
Address

TAMPA, FL 33619  
City, State & Zip

(813) 628-0987  
Daytime Telephone number

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

PH 11/4/99



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

October 21, 1999

TOYA ST'CYR  
1820 CADILLAC CIR  
TAMPA, FL 33619

SUBJECT: SPECIALTY PHYSICAL THERAPY, INC.  
Ref. Number: W99000024260

We have received your document for SPECIALTY PHYSICAL THERAPY, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

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 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) 487-6915.

Pamela Hall  
Document Specialist

Letter Number: 299A00050692

## ARTICLES OF INCORPORATION

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I NAME  
Specialty Physical Therapy, Inc.

ARTICLE II PRINCIPAL OFFICE  
Physical Address  
Sandel's Primary Health Care Center  
7744 Palm River Road  
Tampa, FL 33619

Mailing Address  
1820 Cadillac Circle  
Tampa, FL 33619

ARTICLE III SHARES  
1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS  
Toya St' Cyr  
1820 Cadillac Circle  
Tampa, FL 33619

## ARTICLE V INCORPORATORS

Toya St' Cyr President, CEO  
7744 PALM RIVER ROAD  
TAMPA, FL. 33619

Toya N. St' Cyr 10/14/99  
Signature/Incorporator Date

Toya St' Cyr Vice-President  
7744 PALM RIVER ROAD  
TAMPA, FL. 33619

Toya N. St' Cyr 10/14/99  
Signature/Incorporator Date

Toya St' Cyr Treasure

Toya N. St' Cyr 10/14/99  
Signature/Incorporator Date

Toya St' Cyr Secretary

Toya N. St' Cyr 10/14/99  
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 I am familiar with and accept the obligations of my position as registered agent

Toya N. St' Cyr  
Signature/Registered Agent

October 14, 1999  
Date