

F010000002594

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

8/14

MJH

SUBJECT: WAGNER CASA PHYSICAL THERAPY, P.C.
(Name of corporation - must include suffix)

Dear Sir or Madam: 00789-60644-00671

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

EDWARD W. WAGNER

(Name of Person)

WAGNER CASA PHYSICAL THERAPY, P.C.

(Firm/Company)

18 GLEN FALLS DRIVE

(Address)

ORMOND BEACH, FLORIDA 32174

(City/State and Zip code)

W01-10165

900004101169--4

-05/01/01--01038--008

*****78.75 *****78.75

For further information concerning this matter, please call:

EDWARD W. WAGNER at (386) 738-3456

(Name of Person)

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☒ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

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

FILED
01 MAY 14 PM 5:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 4, 2001

EDWARD W. WAGNER
WAGNER CASA PHYSICAL THERAPY, P.C.
18 GLEN FALLS DRIVE
ORMOND BEACH, FL 32174

SUBJECT: WAGNER CASA PHYSICAL THERAPY, P.C.
Ref. Number: W01000010165

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

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

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) 487-6967.

Michelle Hodges
Document Specialist

Letter Number: 401A00026578

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. WAGNER CASA PHYSICAL THERAPY P. C.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. NEW YORK 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8/30/1994 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. "upon qualification"
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 18 Glen Falls Drive, ORMOND BEACH, FLORIDA 32174
(Principal office address)

18 Glen Falls Drive, ORMOND BEACH, FLORIDA 32174
(Current mailing address)

8. TO PROVIDE AND PERFORM PROFESSIONAL PHYSICAL THERAPY SERVICES
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: EDWARD W. WAGNER

Office Address: 18 Glen Falls Drive
ORMOND BEACH, Florida 32174
(City) (Zip code)

FILED
01 MAY 14 PM 5:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Edward W. Wagner

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days ~~prior to~~ delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: EDWARD W. WAGNER

Address: 18 Glen Falls Drive
Ormond Beach, Florida 32174

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Edward W. Wagner
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. EDWARD W. WAGNER, PRESIDENT
(Typed or printed name and capacity of person signing application)

**State of New York } ss:
Department of State**

I hereby certify, that the Certificate of Incorporation of WÄGNER CASA PHYSICAL THERAPY, P.C. was filed on 08/30/1994, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation. I further certify the following:

A Biennial Statement was filed 11/16/1999.

A Biennial Statement was filed 09/07/2000.

I further certify, that no other documents have been filed by such Corporation.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 01st day of February
two thousand and one.*

Special Deputy Secretary of State