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(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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January 3, 2003

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

RE: Foreign Corporation for Authorization

Dear Sir or Madam:

Enclosed please find check number 6309 in the amount of \$70. for the filing of the Application by Foreign Corporation for Authorization in the state of Florida. Also enclosed is a state Transmittal Letter and a Certificate of Good Standing from the state of Delaware. If you have any questions or concerns please call me at 713/297-7045.

Sincerely,

Fairie Heath

Paralegal

Enclosures

TRANSMITTAL LETTER

Division of Corporations						
SUBJECT: U.S. PT Therapy Services, Inco	orporated					
(Name of corporati	on - must include suffix)					
Dear Sir or Madam:						
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to to transact business in Florida.						
Please return all correspondence concerning this matter	er to the following:					
Jeff Frost						
	f Person)					
U.S. Physical Therapy, Inc.						
(Firm/Co	ompany)					
(Add	iress)					
Houston, Texas 77042						
(City/State	and Zip code)					
For further information concerning this matter, please	call:					
Jeff Frost at (713	297-7014					
(Name of Person) (Area	297-7014 Code & Daytime Telephone Number)					
STREET ADDRESS: Registration Section	MAILING ADDRESS: Registration Section					
Division of Corporations	Division of Corporations					
409 E. Gaines St. Tallahassee, FL 32399	P.O. Box 6327 Tallahassee, FL 32314					
Enclosed is a check for the following amount:						
Ø \$70.00 Filing Fee Ø S78.75 Filing Fee & Certificate of Status	3 \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy					

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. U.S. PT T	herapy Services, Inc			
words or abbre-		learly	ED", "COMPANY", "CORPORATION" or indicate that it is a corporation instead of a present.)	
2. Delaware		3	76-0613914	
	y under the law of which it is incorporated)		(FEI number, if applicable)	i manga
4. May 19,	1999	5.	perpetual	
(Dat	te of incorporation)		perpetual (Duration: Year corp. will cease to exist or "perpetual")	* . ;. ;.
6. N/A				
(Date first transa			transacted business in Florida, insert "upon qualification.") 607.1502 and 817.155, F.S.)	Walds
₇ 1300 W.	Sam Houston Pkwy., Suite 300,	Ηοι	ston, Texas 77042	
••	(Principal office	addı	ess)	A
1300 W.	Sam Houston Pkwy., Suite 300,	Ηοι	ston, Texas 77042	
	(Current mailing	addı	ess)	<u> </u>
8 Outpatient	physical therapy.			
o	(s) of corporation authorized in home state of	or co	untry to be carried out in state of Florida)	
			(P.O. Box or Mail Drop Box NOT acceptable)	1
		1111.	(F.O. Box of Mail Drop Box MO1 acceptable)	
Name:	CT Corporation System			1 1 1 1 mm
Office Address:	1200 S. Pine Island Road			قمير. ة
	Plantation		, Florida 33324	
	(City)	-	(Zip code)	
Having been nar designated in thi further agree to	is application, I hereby accept the appo	intn tes r		ity. I
	Vita Ham	-	Victor Alfano Assistant Secretary	
_	(Registered agen	t's si		.: 🚤

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. DIRE	CCTORS						
Chairman:							
Address: _						: 	
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ice Chair	man:	* * *	· · · · · · · · · · · · · · · · · · ·			7	
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ddress: _	iooo iii oani nodoloii iiliiy, odilo ooo		· · · · ·				
	Houston, Texas 77042						ast
ice Presid	dent: Jeff Frost				•	_	
ddress: _	1300 W. Sam Houston Pkwy, Suite 300	. 1		· .		,	<u> </u>
	Houston, Texas 77042				1		
 Cretarur	Dorothy Flato	ar *			.F 37.		
ldress: _	1300 W. Sam Houston Pkwy, Suite 300, Houst	ton, Tex	as 77042	25	1. j		
_	J. Michael Mullin	/ 			AE A		
easurer:	1300 W. Sam Houston Pkwy, Suite 300, Houst	ton Tex	as 77042	- ,		**	
ddress: _	Toda VI. Gain Floudies (Kiry, Gaile Boo, Hoad		45 11042		2	v ·	
OTE: I	f necessary, you may attach an addendum to the applicat	ion listing	additional	office	s and/or	directo	rs.
3	The State of	_					
·	(Signature of Chairman, Vice Chairman, or any of	ficer liste	d in numbe	r 12 of	the appl	ication)	
Je!	ff Frost, Vice President						
	(Typed or printed name and capacity of pe	erson sign	ing applica	tion)	-		1 14 va

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "U.S. PT THERAPY SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF DECEMBER, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "U.S. PT THERAPY SERVICES, INC." WAS INCORPORATED ON THE NINETEENTH DAY OF MAY, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



Varriet Smith Hindson Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2148484

DATE: 12-16-02

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