

FD4000004642

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

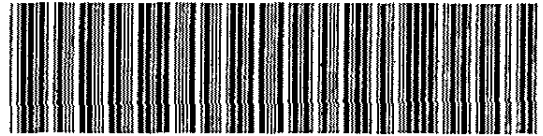
(Business Entity Name)

(Document Number)

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08/03/04--01043--001 **70.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FD4-4642
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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 4, 2004

CINDY FITZSIMONS
3655 NORTH POINT PARKWAY, SUITE 150
ALPHARETTA, GA 30005

SUBJECT: U.S. HEALTHWORKS OF GEORGIA, INC.
Ref. Number: W04000029713

We have received your document for U.S. HEALTHWORKS OF GEORGIA, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 904A00048556

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TALLAHASSEE, FLORIDA

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HealthWorks

Cindy Fitzsimons

Direct Voice: 770/772-6282 x185

Direct Fax: 678/942-2118

e-mail: Cindy.Fitzsimons@USHWorks.com

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

July 30, 2004

RE: U.S. HealthWorks of Georgia, Inc.

To Whom It May Concern:

Please find enclosed the following documents required for qualification in the State of Florida:

- Application for Authorization (2)
- Transmittal Form
- Good Standing Certificate
- Filing fee of \$70.00

Please return a stamped copy in the envelope provided.

If you have any questions regarding the enclosed documents, please contact me at 770/772-6282 ext. 185. Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Cindy Fitzsimons'.

Cindy Fitzsimons
Paralegal

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: U.S. HealthWorks of Georgia, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

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:

Cindy Fitzsimons
(Name of Person)

U.S. HealthWorks
(Firm/Company)

3655 North Point Parkway, Suite 150
(Address)

Alpharetta, GA 30005
(City/State and Zip code)

For further information concerning this matter, please call:

Cindy Fitzsimons at (770) 772-6282 ext 185
(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

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TALLAHASSEE, FLORIDA

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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

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. HealthWorks of Georgia, inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Georgia

(State or country under the law of which it is incorporated)

3. 58-2660956

(FEI number, if applicable)

4. 11/19/2001

(Date of incorporation)

5. perpetual

(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. 3655 North Point Parkway, Suite 150, Alpharetta, GA 30005

(Principal office address)

3655 North Point Parkway, Suite 150, Alpharetta, GA 30005

(Current mailing address)

8. 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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(Zip code)

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.

C T Corporation System

By: Shelley Savage

(Registered agent's signature)

Shelley Savage
Vice President

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:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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A. DIRECTORS

Chairman: Joe Mallas

Address: 3655 North Point Parkway, Suite 150, Alpharetta, GA 30005

Vice Chairman: _____

Address: _____

Director: Joe Mallas

Address: 3655 North Point Parkway, Suite 150, Alpharetta, GA 30005

Director: _____

Address: _____

B. OFFICERS

President: Joe Mallas

Address: 3655 North Point Parkway, Suite 150, Alpharetta, GA 30005

Vice President: Randy Platt

Address: 3655 North Point Parkway, Suite 150, Alpharetta, GA 30005

Secretary: Joe Mallas

Address: 3655 North Point Parkway, Suite 150, Alpharetta, GA 30005

Treasurer: Bob DiProva

Address: 3655 North Point Parkway, Suite 150, Alpharetta, GA 30005

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TALLAHASSEE, FLORIDA

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

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. Joe Mallas, President

(Typed or printed name and capacity of person signing application)

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CONTROL NUMBER : 0151160
DATE INC/AUTH/FILED: 11/19/2001
JURISDICTION : GEORGIA
PRINT DATE : 07/28/2004
FORM NUMBER : 211

CT CORPORATION SYSTEM
JIN SONG
1201 PEACHTREE STREET, N.E.
ATLANTA, GA 30361

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that, as of the above print date

U.S.. HEALTHWORKS OF GEORGIA, INC.
A GEORGIA PROFIT CORPORATION

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

20040728204529924



Cathy Cox
Secretary of State