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FOREIGN PROFIT QUALIFICATION

JACK A. MARCHESCHI PHYSICAL THERAPY, P.C.

Certificate of Status	1
Certified Copy	1
Page Count	04
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H 0 4 0 0 0 2 5 3 3 4 9 3

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. Jack A. Marcheschi Physical Therapy, P.C.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. New York 3. 11-3122266
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. July 31, 1992 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6.
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 75 Maiden Lane, Suite 801, New York, NY 10038
(Principal office address)

75 Maiden Lane, Suite 801, New York, NY 10038
(Current mailing address)

8. Physical Therapy Practice
(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 NOT acceptable)
Name: Corporation Service Company
Office Address: 1201 Nays Street
Tallahassee, Florida 32301
(City) (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.

Corporation Service Company
By: Deborah D Skipper Deborah D. Skipper
(Registered agent's signature) Asst. V. Pres.

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:

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04 DEC 27 PM 3:59

H04000253349 3

A. DIRECTORS

Chairman: Jack A. Marcheschi

Address: 8514 Seawall School Road

Chapel Hill, NC 27516

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Jack A. Marcheschi

Address: 8514 Seawall School Road

Chapel Hill, NC 27516

Vice President: John Martinez

Address: 165 West 129th Street

New York, NY 10027

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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. _____

JOHN R. MARTINEZ, M.P.T. VICE PRESIDENT

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

H04000253349 3

State of New York Department of State } SS:

I hereby certify, that the Certificate of Incorporation of JACK A. MARCHESCHI PHYSICAL THERAPY, P.C. was filed on 07/31/1992, 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 an existing corporation.



Witness my hand and the official seal of the Department of State at the City of Albany, this 24th day of December two thousand and four.

A handwritten signature in dark ink, appearing to read "R. A. DeSantis", is written over a faint horizontal line.

Secretary of State

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