

✓ 14000000383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

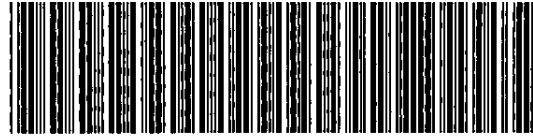
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000255289510

FILED  
JAN 27 PM 12:14  
TALLAHASSEE, FLORIDA

01/14/14--01015--019 \*\*78.75

1114-4401

umd 1/29



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 22, 2014

ERIN M. JENKINS  
14 MONARCH BAY PLAZA, SUITE 196  
MONARCH BEACH, CA 92629

SUBJECT: ANEW U PHYSICAL THERAPY, INC.  
Ref. Number: W14000004401

We have received your document for ANEW U 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6052.

Maryanne Dickey  
Regulatory Specialist II

Letter Number: 114A00001495

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Anew U Physical Therapy, 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," or "Certificate of Good Standing" 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:

Erin M. Jenkins

Name of Person

Anew U Physical Therapy, Inc.

Firm/Company

14 Monarch Bay Plaza, Suite 196

Address

Monarch Beach, CA 92629

City/State and Zip code

bjenkins@anewpt.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bill A. Jenkins

Name of Person

at ( 321 ) 474-3325

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing 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

**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.

JAN 27 PM 12:14  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

1. **Anew U Physical Therapy, Inc.**

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

**Anew U Therapy Solutions, Inc.**

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

2. **California**

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

3. **46-2665703**

(FEI number, if applicable)

4. **02/25/2013**

(Date of incorporation)

5. **Perpetual**

(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. **14 Monarch Bay Plaza, Suite 196, Monarch Beach CA 92629**

(Principal office address)

**14 Monarch Bay Plaza, Suite 196, Monarch Beach CA 92629**

(Current mailing address)

8. **Physical and Occupational 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 NOT acceptable)

Name: **Craig Nau**

Office Address: **7808 Falling Leaf Place**

**Melbourne**

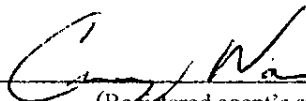
(City)

, Florida **32940**

(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.*



(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: Erin M. Jenkins

Address: 14 Monarch Bay Plaza, Suite 196  
Monarch Beach, CA 92629

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Erin M. Jenkins

Address: 14 Monarch Bay Plaza, Suite 196  
Monarch Beach, CA 92629

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Erin M. Jenkins

Address: 14 Monarch Bay Plaza, Suite 196, Monarch Beach CA 92629

Treasurer: Erin M. Jenkins

Address: 14 Monarch Bay Plaza, Suite 196, Monarch Beach CA 92629

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

13. \_\_\_\_\_

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. ERIN M. JENKINS

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

# State of California

## Secretary of State

### CERTIFICATE OF STATUS

14 JAN 27 PM 12:14  
STATE OF CALIFORNIA  
SECRETARY OF STATE

**ENTITY NAME:**

ANEW U PHYSICAL THERAPY, INC.

FILE NUMBER: C3550056  
FORMATION DATE: 02/25/2013  
TYPE: DOMESTIC CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of January 22, 2014.

*Debra Bowen*

DEBRA BOWEN  
Secretary of State

ABW