

TRANSMITTAL LETTER

P02000023406

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

APPROVED  
AND  
FILED  
02 MAR -4 AM 10:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: MSW Pediatric Physical Therapy Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☒ \$78.75  
Filing Fee  
& Certified Copy

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

ADDITIONAL COPY REQUIRED

RECEIVED

FROM:

Nyla S. Wahlquist  
Name (Printed or typed)

8308 Pegwood Way  
Address

Tallahassee, FL 32312  
City, State & Zip

(850) 893-7038  
Daytime Telephone number

900005039909--7  
-03/04/02--01021--012  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

NOTE: Please provide the original and one copy of the articles.

3/4

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:

MSW Pediatric Physical Therapy Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8308 Pegwood Way Tallahassee, FL 32312

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For profit physical therapy services

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Myla S. Wahlquist, President

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Myla S. Wahlquist  
8308 Pegwood Way  
Tallahassee, FL 32312

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Myla S. Wahlquist  
8308 Pegwood Way  
Tallahassee, FL 32312

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Date

3/2/02

Signature/Incorporator

Date

3/2/02

APPROVED  
FILED  
MAR 10 11  
02 MAR - 4  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA