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CLERK OF STATE
DIVISION OF CORPORATIONS

10-16-03

TRANSMITTAL LETTER

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

SUBJECT: SCHWARZ PHYSICAL THERAPY SERVICES, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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

FROM: PATRICIA K. SCHWARZ
Name (Printed or typed)

2249 KATHERINE ST.
Address

FORT MYERS, FL 33901
City, State & Zip

239-248-3712
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

October 2, 2003

PATRICIA K. SCHWARZ
2249 KATHERINE ST.
FT. MYERS, FL 33901

SUBJECT: SCHWARZ PHYSICAL THERAPY SERVICES, INC.
Ref. Number: W03000028356

We have received your document for SCHWARZ PHYSICAL THERAPY SERVICES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the original and one copy of 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) 245-6995.

Wanda Cunningham
Document Specialist
New Filings Section

Letter Number: 403A00054206

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:

SCHWARZ PHYSICAL THERAPY SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2249 KATHERINE ST.
Ft. Myers, FL 33901

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PHYSICAL THERAPY

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

PATRICIA K. SCHWARZ

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 16 PM 2:03

ARTICLE VI REGISTERED AGENT

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

PATRICIA K. SCHWARZ

2249 KATHERINE ST. FORT MYERS, FL 33901

ARTICLE VII INCORPORATOR

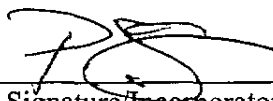
The name and address of the Incorporator is:


PATRICIA K. SCHWARZ

2249 KATHERINE ST.

FORT MYERS, FL 33901

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/Incorporator


Registered Agent

09.23.03
Date