

709000045811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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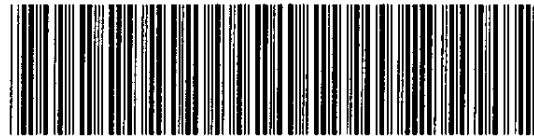
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



900153106019

05/04/09--01063--010 **78.75

FILED

2009 MAY 22 P 3 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

60-98-202
13-18-09

COVER LETTER

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

SUBJECT: PHYSICAL THERAPY ASSOCIATES, CORP
(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: LAWRENCE WEINER

Name (Printed or typed)

14323 Miramar Parkway

Address

Miramamr, FL 33027

City, State & Zip

954-430-4210

Daytime Telephone number

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



RECEIVED
DEPARTMENT OF STATE

09 MAY 21 PM 12:24

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 8, 2009

LAWRENCE WEINER
14323 MIRAMAR PKWY.
MIRAMAR, FL 33027

SUBJECT: PHYSICAL THERAPY ASSOCIATES ~~CORP.~~
Ref. Number: W09000021661

OF MIRAMAR, CORP.

②

We have received your document for PHYSICAL THERAPY ASSOCIATES *OF MIRAMAR, CORP.* and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected 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
Regulatory Specialist II
New Filing Section

Letter Number: 409A00015644

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:

PHYSICAL THERAPY ASSOCIATES ~~LLC~~ OF MIRAMAR, Corp

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

14323 Miramar Parkway Miramar, FL 33027

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional Medical

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Lawrence Weiner 14323 Miramar Parkway Miramar, FL 33027 President
Brandon Hochman 14323 Miramar Parkway Miramar, FL 33027 Vice President

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Lawrence Weiner 14323 Miramar Parkway Miramar, FL 33027

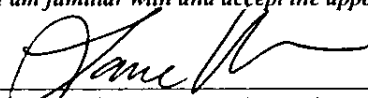
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lawrence Weiner 14323 Miramar Parkway Miramar FL 33027

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2009 MAY 22 P 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

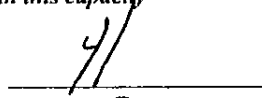
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



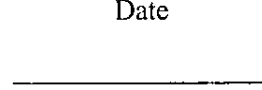
Signature/Registered Agent



Signature/Incorporator



Date



Date