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| (Red | questor's Name) | | | |
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| (Cit | y/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nan | ne) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to | Filing Officer: | | | |
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Office Use Only

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COVER LETTER

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

| rananasse, res | 2311 | | | | | |
|---|--------------------------------------|---------------------------------------|--|------|----------|--|
| SUBJECT: D. | Wheeler Physical (PROPOSED CORPORATE | | | | | |
| 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 & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate of Status | | | |
| Andrews (1997) Herender (1997) Herender (1997) | | ADDITIONAL CO | DPY REQUIRED |] | | |
| FROM: Donna S. Wheeler Name (Printed or typed) | | | | | | |
| | 2222 22nd Lane | (Trinica or Typea) | | | | |
| Address | | | | | INIG | |
| Greenacres, FL 33463 | | | 13 APR I | SEC. | | |
| | | | | | SA SA | |
| | 561/578-2070 | | | PH 2 | SP | |
| | Daytime Te | elephone number | | ₩. | Sps - | |

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

donnawheeler400@yahoo.com

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



RECEIVED

13 APR 11 PH 3: 23

FLORIDA DEPARTMENT OF STATESION OF CORPORATIONS

March 28, 2013

DONNA S. WHEELER 2222 22ND LANE GREENACRES, FL 33463

SUBJECT: D. WHEELER PHYSICAL THERAPY, INC.

Ref. Number: W13000018119

We have received your document for D. WHEELER 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):

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

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) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 713A00007380

13 APR 11 PM 2: 21

ARTICLES OF INCORPORATION

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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

| | D. Wheeler Physic NCIPAL OFFICE Principal street address | Mailing address, if different is: | PM |
|--|--|--|----|
| eenacres, F | FL 33463 | | |
| PICLE III PUR purpose for which the atment. | POSE he corporation is organized is: Provide | home health physical therapy | , |
| | | | |
| | | <u>-</u> | |
| | | | |
| umber of shares of | res stock is: One hundred | s | |
| umber of shares of | stock is: ONE hund red TIAL OFFICERS AND/OR DIRECTOR | | |
| umber of shares of | TAL OFFICERS AND/OR DIRECTOR Donna S. Wheeler, President | | |
| umber of shares of ICLE V INIT Name and Title | TAL OFFICERS AND/OR DIRECTOR Donna S. Wheeler, President | Name and Title: | |
| umber of shares of ICLE V INIT Name and Title | TAL OFFICERS AND/OR DIRECTOR Donna S. Wheeler, President 2222 22nd Lane | Name and Title: | |
| umber of shares of ICLE V INIT Name and Title Address | TAL OFFICERS AND/OR DIRECTOR Donna S. Wheeler, President 2222 22nd Lane Greenacres, FL 33463 | Name and Title: | |
| umber of shares of ICLE V INIT Name and Title Address | TAL OFFICERS AND/OR DIRECTOR Donna S. Wheeler, President 2222 22nd Lane Greenacres, FL 33463 | Name and Title: Address: Name and Title: | |
| Name and Title Name and Title | TAL OFFICERS AND/OR DIRECTOR Donna S. Wheeler, President 2222 22nd Lane Greenacres, FL 33463 | Name and Title: Address: Name and Title: | |
| umber of shares of ICLE V INTO Name and Title Address Name and Title: Address | TAL OFFICERS AND/OR DIRECTOR Donna S. Wheeler, President 2222 22nd Lane Greenacres, FL 33463 | Name and Title: Address: Name and Title: Address: | |
| umber of shares of ICLE V INTO Name and Title Address Name and Title: Address | TAL OFFICERS AND/OR DIRECTOR Donna S. Wheeler, President 2222 22nd Lane Greenacres, FL 33463 | Name and Title: Address: Name and Title: Address: | |

| Name and | l Title: | Name and Title: | |
|-----------------|--|--------------------------|------------------------------------|
| Address | | Address: | |
| ARTICLE VI | REGISTERED AGENT | | SIAIC SIAIC |
| | orida street address (P.O. Box NOT acceptable) of Donna Wheeler | the registered agent is: | P 55 |
| Name: Address: | 2222 22nd Lane | | CRETARY LIGH OF CO |
| | Greenacres, FL 33463 | | LEO Y OF ST CORPORA PH 2: |
| ARTICLE VII | INCORPORATOR | | TATE RATIONS |
| The name and ad | dress of the Incorporator is: | | |
| Name: | Donna Wheeler | | |
| Address: | 2222 22nd Lane | | |
| | Greenacres, FL 33463 | | |
| | ned as registered agent to accept service of process am familiar with and accept the appointment as reg | | |
| 1 John L | Dice () | | 3-17-13 |
| 1 June | Required Signature/Registered Agent | | Date |
| | ument and affirm that the facts stated herein are to Depar ment of State constitutes a third degree felon | | |
| U Drain | Locale | | 3-17-13 |
| | Required Signature/Incorporator | | Date |