

P/3000034265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

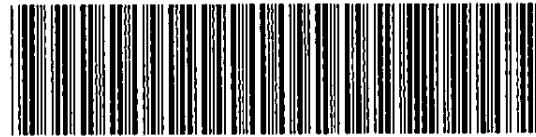
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

CORRECTED LINE #5 ON
"CERT. OF CONV." TO BE
BLANK PER TELEPHONE
CONVERSATION WITH
EUGENIA BROOKS.

Office Use Only



700245562047

03/15/13--01025--010 **105.00

FILED

13 APR 15 PM 12:32

SEC. OF STATE
TALLAHASSEE, FLORIDA

WB-15987

04/16/13



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

13 APR 15 PM 1:54

DIVISION OF CORPORATIONS

March 18, 2013

EUGENIA BROOKS
6041 HERONS LANDING DRIVE
VIERA, FL 32955

SUBJECT: BROOKS PHYSICAL THERAPY CONSULTANTS INC
Ref. Number: W13000015987

We have received your document for BROOKS PHYSICAL THERAPY CONSULTANTS INC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Incorporation, if any.

The document must be signed by a chairman, vice chairman, director, officer, or an incorporator, if directors or officers have not been selected.

The registered agent must sign accepting the designation.

A Grand Total of 3 more signatures are required; 2 signatures (in the proper areas) on the "Certificate of Conversion" AND 1 additional signature on the "Articles of Incorporation" (with the other Required signature).

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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 913A00006353

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: BROOKS PHYSICAL THERAPY CONSULTANTS INC
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

EUGENIA BROOKS

Contact Person

BROOKS PHYSICAL THERAPY CONSULTANTS INC

Firm/Company

6041 HERONS LANDING DRIVE

Address

VIERA, FL. 32955

City, State and Zip Code

nicole4ted@aol.com

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

For further information concerning this matter, please call:

EUGENIA BROOKS at (321) 321-631-1162

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$105.00 Filing Fees

☐ \$113.75 Filing Fees
and Certificate of
Status

☐ \$113.75 Filing Fees
and Certified Copy

☐ \$122.50 Filing Fees,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

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

MAILING ADDRESS:

Charter Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

RECEIVED
13 APR 15 PM 12:32
OFFICE OF THE
CLERK OF THE
STATE
TALLAHASSEE, FLORIDA

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

BROOKS PHYSICAL THERAPY CONSULTANTS LLC

Enter Name of Other Business Entity (LB-1797)

2. The "Other Business Entity" is a **LIMITED LIABILITY COMPANY**
(Enter entity type. Example: limited liability company, limited partnership,
general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of **FLORIDA**
(Enter state, or if a non-U.S. entity, the name of the country)

on **JANUARY 4 2013**
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**


BROOKS PHYSICAL THERAPY CONSULTANTS INC

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: _____
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

Signed this 15TH day of MARCH, 2013.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: 

Printed Name: EUGENIA BROOKS Title: PRESIDENT

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of **ALL** General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

 3/12/13

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

FILED
13 APR 15 PM 12:32
STATE
TALLAHASSEE, FLORIDA

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: BROOKS PHYSICAL THERAPY CONSULTANTS INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

6041 HERONS LANDING DRIVE
VIERA, FL. 32955

6041 HERONS LANDING DRIVE
VIERA, FL. 32955

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ACT AS PHYSICAL THERAPY CONSULTANT (IN VARIOUS
SETTINGS: OUT-PATIENT, ASSISTANT
LIVING, HOSPITALS, HOME CARE) ON
ANY OTHER CAPACITY.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EUGENIA BROOKS PRESIDENT

Name and Title: _____

Address: 6041 HERONS LANDING DRIVE
VIERA, FL. 32955

Address: _____

Name and Title: RALPH BROOKS VICE PRESIDENT

Name and Title: _____

Address: 6041 HERONS LANDING DRIVE
VERA, FL. 32955

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: EUGENIA BROOKS

Address: 6041 HERONS LANDING DRIVE
VIERA, FL. 32955

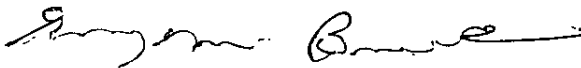
FILED
13 APR 15 PM 12:32
STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: EUGENIA BROOKS
Address: 6041 HERONS LANDING DRIVE
VIERA, FL. 32955

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

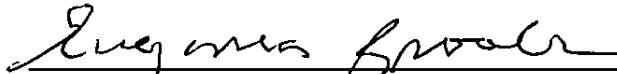


Required Signature/Registered Agent

4/10/13

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.



Required Signature/Incorporator

3/12/13

Date

FILED
13 APR 15 PM 12:32
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA