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***TRANSMITTAL LETTER***

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

Subject: *Physical Therapy and Rehabilitation Services of Northwest Florida, Inc.*

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$122.50.

From: *Beverly J. Werchan*

*105 Cypress Point East*

*Pensacola, FL 32514*

*(850) 356-0263*

Note: Additional copy of articles is needed when certified copy is requested.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 15, 2013

BEVERLY WERCHAN  
105 CYPRESS POINT EAST  
PENSACOLA, FL 32514

SUBJECT: PHYSICAL THERAPY AND REHABILITATION OF NORTHWEST  
FLORIDA, INC.  
Ref. Number: W13000063305

We have received your document for PHYSICAL THERAPY AND REHABILITATION OF NORTHWEST FLORIDA, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Maryanne Dickey  
Regulatory Specialist II  
New Filing Section

Letter Number: 913A00026506



**ARTICLES OF INCORPORATION**

**Physical Therapy and Rehabilitation of Northwest Florida, Inc.**

*The undersigned incorporator, for the purposed of forming a corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation.*

**ARTICLE I - NAME**

The name of the corporation shall be:

*Physical Therapy and Rehabilitation of Northwest Florida, Inc.*

**ARTICLE II - PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

*105 Cypress Point East  
Pensacola, FL 32514*

**ARTICLE III - CAPITAL STOCK**

The number of stock that this corporation is authorized to have outstanding at any one time is:

*100 Shares*

**ARTICLE IV -  
INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

*Beverly J. Werchan  
105 Cypress Point East  
Pensacola, FL 32514*

**ARTICLE V - INCORPORATOR**

The name and street address of the incorporator to these Articles of Incorporation is:

*Beverly J. Werchan  
105 Cypress Point East  
Pensacola, FL 32514*

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PENSACOLA, FLORIDA



**ARTICLE VI – PURPOSE OF THE CORPORATION**

The purpose for which this corporation is organized is:

*Physical Therapy*

**ARTICLE VII –  
OFFICERS OF THE CORPORATION**

The name and title of the officer(s) of this Corporation is (are):

*Beverly J. Werchan, President*

**ARTICLE VIII –  
EFFECTIVE DATE**

The effective date for the corporation is:

*January 1, 2014*

*The undersigned has (have) executed these Articles of Incorporation this:*

*Beverly J. Werchan, President* 12/30/2013  
(Signature and Title) (Date)

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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

*Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned Corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office, in the state of Florida.*

- 1.) The name of the Corporation is:

*Physical Therapy and Rehabilitation Services of Northwest Florida, Inc.*

- 2.) The name and address of the registered agent and office is:

*Beverly J. Werchan  
105 Cypress Point East  
Pensacola, FL 32514*

Signature: \_\_\_\_\_

*Beverly J. Werchan*  
(Corporate Officer)

Title: \_\_\_\_\_

*President*

Date: \_\_\_\_\_

*12/30/13*

*Having been named as registered agent and to accept service of process for the above stated Corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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