

5/6/2019

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Florida Department of State  
Division of Corporations  
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Account Number : 071344001620  
Phone : (813)229-2300  
Fax Number : (813)221-4210

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: dfogt@phzio.com

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W19-44180

FLORIDA PROFIT/NON PROFIT CORPORATION  
Phzio Florida, P.A.

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N CULLIGAN

MAY 13 2019

**ARTICLES OF INCORPORATION  
OF  
PHIZIO FLORIDA, P.A.**

The undersigned, acting as incorporator of a professional service corporation being formed under the Professional Service Corporation and Limited Liability Company Act, Chapter 621, Florida Statutes, and the Florida Business Corporation Act, Chapter 607, Florida Statutes, adopts the following articles of incorporation:

**ARTICLE I**

**Name**

The name of the corporation is Phizio Florida, P.A. (the "Corporation").

**ARTICLE II**

**Principal Office and Mailing Address**

The Corporation's mailing address and principal place of business are:

11825 Major Street  
Culver City, California 90230

**ARTICLE III**

**Nature of Business**

The purpose of the Corporation is to engage in the profession of physical therapy through its duly licensed officers, employees and agents, perform all activities appropriate to the rendition of such services and own property and invest its funds as authorized by applicable Florida law.

**ARTICLE IV**

**Capital Stock**

The Corporation shall have authority to issue One Thousand (1,000) common shares with a par value of \$.01 per share.

**ARTICLE V**

**Initial Registered Agent and Office**

The street address of the Corporation's initial registered office is 1200 South Pine Island Road, Plantation, Florida 33324, and the name of the Corporation's initial registered agent at that address is CT Corporation System.

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**ARTICLE VI**  
**Incorporator**

The name and address of the incorporator are:

Name

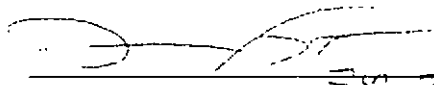
Darwin Fogt, MPT

Address

11825 Major Street  
Culver City, California 90230

*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 in s.817.155, F.S.*

Dated this 6th day of May, 2019.

  
\_\_\_\_\_  
Darwin Fogt, MPT  
Incorporator

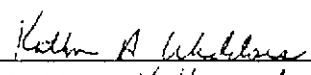
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**ACCEPTANCE BY REGISTERED AGENT**

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

CT CORPORATION SYSTEM

Dated this 6th day of May, 2019.

By:   
\_\_\_\_\_  
Print Name: Kathryn A Whiddow  
Title: Assistant Secretary