Division of Co

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000360878 3)))



H200003608783ABC1

	will generate another o			000
To:				9
	Division of Corporations Fax Number : (850)617-6331		•	
	ras Number . (650) 617-6561		•	PH 12: 05
From:	Account Name : FOLEY & LARDN	IÉR	€2 : <sub>-</sub>	$\frac{1}{2}$
	Account Number : 119980000047		Ť	0
	Phone : (407)423-7656 Fax Number : (407)649-1743	<b>,</b> l	**	S
	il Address:		:	)20 OC T
	FLORIDA PROFIT/NON PRO	FIT CORPORATIO		
			ON	9
	FLORIDA PROFIT/NON PRO		N	16 PM12:
	FLORIDA PROFIT/NON PRO SWORD Health Care F	Providers, P.A.	N SERVINE SERV	2020 OCT 16 PM 12: 14
	FLORIDA PROFIT/NON PRO SWORD Health Care F	Providers, P.A.	N SEROJAL SEROJAL	16 PM12:
	FLORIDA PROFIT/NON PRO SWORD Health Care F  Certificate of Status  Certified Copy	Providers, P.A.  0  1	N CATIONS CHARGIAL CHARES	16 PM12:

Electronic Filing Menu

Corporate Filing Menu

Help

JsK 10/19/30 DocuSign Envelope ID: EB42C8A2-170A-465A-B2FA-78C3BB380040

H20000360878 3

## ARTICLES OF INCORPORATION SWORD HEALTH CARE PROVIDERS, 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 SWORD Health Care Providers, P.A. (the "Corporation").

ARTICLE II

# Principal Office and Mailing Address

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

1633 W. Innovation Way, 5th Floor Lehi, UT 84043

### 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.

OccuSign Envelope ID: EB42C8A2-170A-465A-B2FA-78C38B380040

H20000360878 3

#### ARTICLE VI Incorporator

The name and address of the incorporator are:

Name

Address

Megan Hill, DPT

Foley & Lardner LLP

1633 W. Innovation Way, 5th Floor

Lehi, UT 84043

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 16 day of October , 2020.

Docustaned by.

Megan. thill

150930380751441. [7]

Incorporator

#### 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 16 day of October , 2020.

By: Fether A. Wholdon

Print Name: Kathyrn A. Widdoes Title: Assistant Secretary