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Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)617-6381

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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TALLAHASSEE, FL

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**FLORIDA PROFIT/NON PROFIT CORPORATION
PHYSICIAN THERAPY NOW-WEST PINES, INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

SECRETARY OF STATE
TALLAHASSEE, FL**ARTICLE I NAME:** The name of the corporation is:PHYSICAL THERAPY NOON - WEST PINES, INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

1210 BEL AIRE DR WPEMBROKE PINES, FL 33027**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**JOSEPH N. SIMENET, PRESIDENT**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

JOSEPH N. SIMENET1210 BEL AIRE DR WPEMBROKE PINES, FL 33027**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:JOSEPH N. SIMENET1210 BEL AIRE DR WPEMBROKE PINES, FL 33027

Required Signatures:

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

J. N. Jimenez
Registered Agent

10/5/21
Date

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

J. N. Jimenez
Incorporator

10/5/21
Date

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TALLAHASSEE FL