

P97000090794

TRANSMITTAL LETTER

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 OCT 20 PM 12:54

SUBJECT: THIRD COAST PHYSICAL THERAPY, INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

 \$70.00
Filing Fee

 X \$78.75
Filing Fee
& Certificate

 \$122.50
Filing Fee
& Certified Copy

 \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

100002324891--6
-10/20/97--01167--003
④ *****78.75 *****78.75

FROM: THIRD COAST PHYSICAL THERAPY, INC.
Name (printed or typed)

4062 VINE LANE
Address

NAPLES, FL 34112
City, State & Zip

(941) 417-2665
Daytime Telephone Number

5/10/22

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

THIRD COAST PHYSICAL THERAPY, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 OCT 20 PM 12:55

ARTICLE II PRINCIPAL OFFICE

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

4062 VINE LANE
NAPLES, FL 34112

ARTICLE III SHARES

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

5000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JOHN MACDOUGALL
4062 VINE LANE
NAPLES, FL 34112

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

JOHN MACDOUGALL
4062 VINE LANE
NAPLES, FL 34112

~~ASSISTANT SECRETARY~~

1988 10 14 12

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this

14th day of October, 19 97

(An additional article must be added if an effective date is requested.)



Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
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 OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.**

1. The name of the corporation is: THIRD COAST PHYSICAL THERAPY, INC.
2. The name and address of the registered agent and office is:

JOHN MACDOUGALL

(Name)

4062 VINE LANE

(P.O. Box or Mail Drop Box NOT Acceptable)

NAPLES, FL 34112

(City/State/Zip)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 OCT 20 PM 12:55

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.

John MacDougall
(Signature)

10/14/97
(Date)