

P14000037629

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

From: Account Name : ALLSTATE MEDICAL CONSULTING, INC.
Account Number : I20110000067
Phone : (786) 362-0124
Fax Number : (786) 558-4546

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DIVISION OF CORPORATIONS
2014 APR 28 PM 12:50

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
AQ MEDICAL & REHAB INC

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1/11



April 25, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ALLSTATE MEDICAL CONSULTING, INC

SUBJECT: AQ MEDICAL & REHAB INC
REF: W14000026323

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please list the Officer/Registered Agent and Incorporator 'First and then Last name' in the articles.

If you have any further questions concerning your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

FAX Aud. #: H14000097672
Letter Number: 514A00008900

P.O BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME

The name of the corporation shall be: ACC MEDICAL & Rehab INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

711 NW 23rd AVE. STE 302
Miami, FL 33125

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: P. Quesada Figueredo, ALAIN Name and Title: _____

Address: 711 NW 23rd AVE. STE 302 Address: _____

Miami, FL 33125

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(cont.)

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DIVISION OF CORPORATIONS

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Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ALAIN Quesada Figueredo
 Address: 711 NW 23rd Ave. Ste 302
Miami, FL 33125

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ALAIN Quesada Figueredo
 Address: 711 NW 23rd Ave. Ste 302
Miami, FL 33125

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

 Required Signature/Registered Agent 04/23/14
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.

 Required Signature/Incorporator 04/23/14
Date