

(Requestor's Name)	
(Address)	
(Address)	2
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	Mola
Nomo 21008 1/28/03	
Acillability Document Beaminer	
Updater Office Use Only Usda er Verityer	2
Acknowledgement 7 80	9



07/18/03--01050--001 **87.50

TRANSMITTAL LETTER

_	gistration Se vision of Co			
SUBJECT	F:		ahabilitation Seration - must include suffix)	
Dear Sir or	Madam:	•	,	
"Certificate		tion by Foreign Corporation ce", and check are submitted Florida.		
Please retur	m all corres	pondence concerning this m	atter to the following:	
	<u>-</u> -		Williams	
		(Nam	e of Person)	
			ilitation Service /Company)	es, Inc
·		1813 Wee Kir	k Road	
			Address)	03
		Atlanta. Ge	orgia 30316	
	-		ate and Zip code)	28
For further	information	concerning this matter, plea	se call:	AH 10: -
C	<u>aroline</u>	: Williams at (4	04) 241-1033	17
(N	ame of Pers	on) (Ai	rea Code & Daytime Teleph	one Number)
STREET A Registration Division of 409 E. Gain Tallahassee	n Section Corporation nes St.	ns	MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	ons
Enclosed is	a check for	the following amount:		
□ \$70.00 F	iling Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status &



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 23, 2003

CAROLINE WILLIAMS NATIONAL REHABILITATION SERVICES, INC. 1813 WEE KIRK ROAD ATLANTA, GA 30316

SUBJECT: NATIONAL REHABILITATION SERVICES, INCORPORATION

Ref. Number: W03000020856

We have received your document for NATIONAL REHABILITATION SERVICES, INCORPORATION and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing Document Specialist

Letter Number: 303A00042793

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. National Rehabilitation Services, Inc. Oldo NRS 2 (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a

2	Georgia	3.	58-2173677	
(State o	Georgia or country under the law of which it is incorporated)	(FEI number, if applicable)	
4	05/31/1995	5	(Duration: Year corp. will cease to exist or "perpet	T-103
	(Date of incorporation)		(Duration: Year cosp. will cease to exist or "perpeti	uai")
6	upon qual:	ific	ation	
(Date fi	irst transacted business in Florida. If corporation h	as not 1	transacted business in Florida, insert "upon qualificat 607.1502 and 817.155, F.S.)	tion.")
7	1813 Wee Kirk Rd (Principal offic	A t	lanta, Georgia 39316 ess)	
	P.O. Box 1669	1 _A	tlanta, Georgia 30321	
	(Current mailin	g addr	ess)	
8	operating as an	inco	rporation	03
(Purpose(s) of corporation authorized in home state	or con	intry to be carried out in state of Florida)	
9. Name	and <u>street address</u> of Florida registered ag	ent: ((P.O. Box or Mail Drop Box NOT acceptable)	28
Ŋ	Name: <u>Caroline Williams</u>		<u> </u>	UH IO
Office Ac	ddress: <u>99 n.w. 183 St. Ste 2</u> 6	<u>)5</u>		רו ינ
	Mians		, Florida <u>33169</u>	
	(City)		(Zip code)	

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS
Chairman: Caroline Williams
Address: 1813 Wee Kirk Rd. Atlanta, Georgia 30316
· ————————————————————————————————————
Vice Chairman: n/a
Address:
Director: Caroline Williams
Address: 1813 Wee Kirk Rd. Atlanta, Georgia 30316
Director:n/a
Address:
Address.
B. OFFICERS
President:Caroline Williams
Address: 1813 Wee Kirk Rd. Atlanta, Georgia 30316
Vice President:n/a
Address:
·
Secretary: Caroline Williams
Address: 1813 Wee Kirk Rd. Atlanta, Georgia 30316
Treasurer Caroline Williams
Address: 1813 Wee Kirk Rd. Atlanta, Georgia 30316
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. Caroline Williams, Director (Typed or printed name and capacity of person signing application)

7/28/03

Rei Resolution

The board of duechors met and adopted the name:

NRS2000 INC.

L'aroline Williams
Director

Secretary of State

* * * 1 . . .

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CONTROL NUMBER: K528297
DATE INC/AUTH/FILED: 05/31/1995
JURISDICTION: GEORGIA
PRINT DATE: 07/25/2003
FORM NUMBER: 211

NATIONAL REHABILITATION SERVICES, INC CAROLINE WILLIAMS P.O. BOX 16691 ATLANTA, GA 30321

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

TIONAL REHABILITATION SERVICES INC

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

20030725141406490



Cathy Cox Secretary of State