

F05000004291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Name
Availability

Document
Examiner

Updater

Office Use Only

Updater
Verifier

DCC

Acknowledgement

DCC

W. P. Verifier

DCC



600057587136

07/20/05--01042--0004 **70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 JUL 20 P 3:42

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rehab Medical Clinic of Orange Park, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Luis M. Duluc

(Name of Person)

(Firm/Company)

16250 La Costa Drive

(Address)

Weston, Florida 33326

(City/State and Zip code)

For further information concerning this matter, please call:

Luis Duluc

(Name of Person)

at (954) 465-3244

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 JUL 20 P 3:42

10/1/05

**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. Rehab Medical Clinic of Orange Park, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3. 59-3504601

(FBI number, if applicable)

4. 3/23/1998

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 7/1/2005

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3403 NW 82 Ave Miami, FL 33122 Suite 200 East

(Principal office address)

Same

(Current mailing address)

8. Any and all lawful business

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and
- street address
- of Florida registered agent: (P.O. Box
- NOT
- acceptable)

Name: Luis M. Duluc

Office Address: 16250 La Costa Drive

Weston

(City)

Florida 33326

(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:

SECRETARY OF
TALLAHASSEE

2005 JUL 20 PM 4:2

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____
_____**B. OFFICERS**President: Luis DulucAddress: 16250 LA Costa Dr.Wilton, FL 33326Vice President: 1

Address: _____

Secretary: Luis DulucAddress: 16250 LA Costa Dr. Wilton, FL 33326Treasurer: Luis DulucAddress: 16250 LA Costa Dr. Wilton, FL 33326**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. Luis Duluc, President

(Typed or printed name and capacity of person signing application)

SECRETARY
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 7/20/05 BY 60321

2005 JUL 20 P 3:42

Delaware

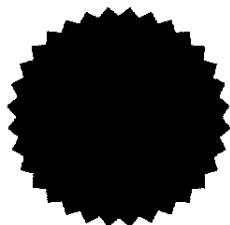
PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "REHAB MEDICAL CLINIC OF ORANGE PARK, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF JUNE, A.D. 2005.

2005 JUL 20 P 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3935855

DATE: 06-08-05

2874949 8300

050479211