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Florida Department of State
Division of Corporations
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TALLAHASSEE, FLORIDA

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FOREIGN PROFIT/NONPROFIT CORPORATION

National Association of Rehabilitation Agencies, Inc.

Certificate of Status	0
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Estimated Charge	\$70.00

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MRS 11/2



October 31, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BUSINESS FILINGS

SUBJECT: NATIONAL ASSOCIATION OF REHABILITATION AGENCIES INC.
REF: W06000047627

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.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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

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Justin M Shivers
Document Specialist
New Filing Section

FAX Aud. #: H06000263615
Letter Number: 306A00064338

P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: National Association of Rehabilitation Agencies, Inc.
(Name of Corporation – must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Brittani Phelps

(Name of Person)

Business Filings Incorporated

(Firm/Company)

8025 Excelsior Dr Ste 200

(Address)

Madison, WI 53717

(City/State and Zip Code)

For further information concerning this matter, please call:

Brittani Phelps

(Name of Person)

at (800) 981-7183

(Area Code & Daytime Telephone Number)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

14060002636153

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:

1. National Association of Rehabilitation Agencies, Inc.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like
import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained
in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. Wisconsin

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

3. 311026576

(FEI number, if applicable)

4. 9/26/1978

(Date of Incorporation)

5.

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

6. AUGUST 1, 2006

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)

7. 314 Shore Dr. East, Oldsmar, FL 34677

(Principal office address)

314 Shore Dr. East, Oldsmar, FL 34677

(Current mailing address)

The corporation is a trade association that fosters interest in and provides growth of rehabilitation companies and to offer
education and support the rehab providers in their efforts to provide the highest level of patient care, service, and business
success while meeting the rehabilitation needs of the public.

8.

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

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

Name: **Melissa Cohn**

Office Address: **314 Shore Dr. East**

Oldsmar

(City)

Florida **34677**

(Zip Code)

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TALLAHASSEE, FLORIDA

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.

Melissa Cohn

(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.**

H0000263615-5

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Melissa Cohn

Address: 314 Shore Dr. East, Oldsmar, FL 34677

Director: Gregg Altobella

Address: 314 Shore Dr. East, Oldsmar, FL 34677

B. OFFICERS

President: Gregg Altobella

Address: 314 Shore Dr. East, Oldsmar, FL 34677

Vice President: Sandra Lerner

Address: 314 Shore Dr. East, Oldsmar, FL 34677

Secretary: Mary Wagner

Address: 314 Shore Dr. East, Oldsmar, FL 34677

Treasurer: Ted Botens

Address: 314 Shore Dr. East, Oldsmar, FL 34677

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Gregg J. Altobella
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Gregg Altobella, President
(Typed or printed name and capacity of person signing application)

**Application By Foreign Not For Profit Corporation For
Authorization To Conduct Its Affairs In Florida**

National Association of Rehabilitation Agencies, Inc.

Additional director:

Ted Botens, 314 Shore Dr. East, Oldsmar, FL 34677

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United States of America

State of Wisconsin

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TALLAHASSEE, FLORIDA



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Present Shall Come, Greeting:

I, RAY ALLEN, Deputy Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions do hereby certify that

NATIONAL ASSOCIATION OF REHABILITATION AGENCIES, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is SEPTEMBER 26, 1978.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622, 181.0120 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed the official seal
of the Department on October 18, 2006.

RAY ALLEN, Deputy Administrator
Division of Corporate & Consumer Services
Department of Financial Institutions

BY: *Patricia Weber*

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.