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Division of Corporations

No. 1602 P. 1

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Florida Department of State
Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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**FOREIGN PROFIT/NONPROFIT CORPORATION
HB REHABILITATIVE SERVICES, INC.**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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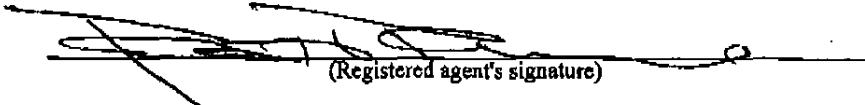
APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

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. HB REHABILITATIVE SERVICES, 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. Georgia 3. 45-2622986
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. October 13, 2010 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 3599 University Blvd. South, Jacksonville, FL 32216
(Principal office address)
3599 University Blvd. South, Jacksonville, FL 32216
(Current mailing address)
8. Health Care
(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: Robert H. Pritchard
Office Address: 1301 RIVERPLACE BLVD. SUITE 1500
JACKSONVILLE, Florida 32207
(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Douglas M. Baer

Address: 3599 University Blvd. South, Jacksonville, FL 32216

Director: Jeff Feasel

Address: 303 North Clyde Morris Blvd., Daytona Beach, FL 32114

B. OFFICERS

President: Jeff Feasel

Address: 303 North Clyde Morris Blvd., Daytona Beach, FL 32114

Vice President: _____

Address: _____

Secretary: Douglas M. Baer

Address: 3599 University Blvd. South, Jacksonville, FL 32216

Treasurer: Douglas M. Baer

Address: 3599 University Blvd. South, Jacksonville, FL 32216

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

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

14. Douglas M. Baer, Secretary and Treasurer
(Typed or printed name and capacity of person signing application)

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STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Drive
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

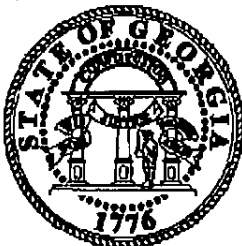
HB REHABILITATIVE SERVICES, INC.

Domestic Non-Profit Corporation

was formed or was authorized to transact business on 10/13/2010 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated 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 date issued. 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 certificate is issued pursuant to 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.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 17th day of January, 2012

B. P. Kemp

Brian P. Kemp
Secretary of State

Certification Number: 7939020-1 Reference:
Verify this certificate online at <http://corp.sos.state.ga.us/corp/soskb/verify.asp>

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