

FL6000004391

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : ROGERS, TOWERS, BAILEY, ET AL
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Email Address: _____

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

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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| Page Count | 03 |
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16 SEP 30 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 SEP 30 PM 3:29

D. SCOTT

OCT 03 2016

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Help

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 Outpatient 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.)

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

2. Georgia 3. 81-3748483
 (State or country under the law of which it is incorporated) (FEI number, if applicable)
 4. August 16, 2016 5. Perpetual
 (Date of Incorporation) (Date of duration, if other than 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 S, Jacksonville, FL 32216
 (Principal office address)

(Current mailing address, if different)

8. Create, develop, and jointly fund and capitalize outpatient rehabilitation facilities and clinics to provide medical services.
 (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 Boulevard, 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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 TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: Douglas M. Baer

Address: 3599 University Blvd S

Jacksonville, FL 32216

Vice Chairman: Jeff Feasel

Address: 303 N Clyde Morris Blvd

Daytona Beach, FL 32114

Director: Eric Peburn

Address: 303 N Clyde Morris Blvd

Daytona Beach, FL 32114

Director: Michael Spigel

Address: 3599 University Blvd S

Jacksonville, FL 32216

B. OFFICERS

President: Douglas M. Baer

Address: 3599 University Blvd S

Jacksonville, FL 32216

Vice President: _____

Address: _____

Secretary: Jeff Feasel

Address: 303 N Clyde Morris Blvd, Daytona Beach, FL 32114

Treasurer: Jeff Feasel

Address: 303 N Clyde Morris Blvd, Daytona Beach, FL 32114

NOTE: If necessary, you may attach an addendum to this 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, Chairman

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

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STATE
TALLAHASSEE, FL 32301

Control Number : 16078333

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

HB OUTPATIENT REHABILITATIVE SERVICES, INC.

a Domestic Nonprofit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. 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.

Docket Number : 13435449
Date Issued/Filed : 08/16/2016
Jurisdiction : Georgia
Print Date : 09/30/2016
Form Number : 211



B. P. Kemp

Brian P. Kemp
Secretary of State