

F95000000617

Document Number Only

C T CORPORATION SYSTEM
Requestor's Name
1311 Executive Center Drive, Ste. 200
Address
Tallahassee, FL. 32301 (904) 656-8298
City State Zip Phone

CORPORATION(S) NAME

- ☒ Profit
☐ NonProfit
☐ Amendment
☐ Merger
☒ Foreign
☐ Dissolution/Withdrawal
☐ Mark
☐ Limited Partnership
☐ Annual Report
☐ Other
☐ Reinstatement
☐ Reservation
☐ Change of R.A.
☐ Fictitious Name
☐ Certified Copy
☐ Photo Copies
☐ CUS
☐ Call When Ready
☒ Walk In
☐ Will Wait
☐ After 4:30
☐ Mail Out
☒ Pick Up

Name
Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

PLEASE RETURN EXTRA COPY(S)
FILE STAMPED

**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. First Rehab, Inc.
(Name of corporation: must include the word "INCORPORATED," "COMPANY," 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.)

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

3. October 17, 1994 4. Perpetual
(Date of Incorporation) (Duration)

5. 91-1657594
(Federal Employer Identification number, if applicable)

6. Upon Qualification
(Date first transacted business in Florida. See sections 607.1501, 607.1502, and 817.155, F.S.)

7. 1148 Broadway Plaza, Tacoma, Washington 98402
(Current mailing address)

8. To provide rehabilitation services
(Brief description of the nature of the business in which it is engaged in the state of Florida)

9. Names and street addresses of officers and or directors:

A. Directors:

Chairman: See attached list of directors

Address: _____

Vice Chairman: See attached list of directors

Address: _____

Director: See attached list of directors

Address: _____

Director: _____

Address: _____

9. Officers:

President: see attached list of officers

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

10. Name and Street address of Florida registered agent:

Name: C T Corporation System

Office Address: c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida 33324

Zip Code

11. 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: _____

John P. Stout C T Corporation System
(Officer)
John P. Stout, Assistant Secretary
(Typed Name and Title of Officer)

12. 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.

13. Ellen B. Alben
(Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

14. Ellen B. Alben, Secretary
^{Asst.}

(Name and capacity of person signing application)

FIRST REHAB, INC.

Officers and Directors

Officers

Carl J. Napoli
James Chenevert
Richard P. Adcock
David Melancon
Brian J. Rodan
Ellen B. Alben

Chief Executive Officer and President
Vice President/Finance and Treasurer
Secretary
Vice President and Controller
Assistant Secretary
Assistant Secretary

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -6 PM 1:42

Directors

Chris Marker
Robert F. Pacquer
Richard P. Adcock
Carl J. Napoli
Lane Bowen

Address for all of the above:

First Rehab, Inc.
c/o Ellen B. Alben
1148 Broadway Plaza
Tacoma, WA 98402

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FIRST REHAB, 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 FIRST DAY OF FEBRUARY, A.D. 1995.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

SECRET
DIVISION OF CORPORATIONS
95 FEB - 6 PM 1:42



Edward J. Freel

Edward J. Freel, Secretary of State

AUTHENTICATION

DATE

2436650 8300

950024087

7393084

02-01-95