

F9500005017

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: REGENCY REHABILITATION ASSOCIATES, INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM:

GABE GHAMMACHI

Name (printed or typed)

10320 WATERSON TRAIL

Address

JEFFERSONTOWN KY 40299

City, State & Zip

(502) 261-9815

Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT 15 AM 9:43

1816

W95-15833
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-10/04/95--01019--007
*****78.75 *****78.75

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

October 5, 1995

GABE GHAMMACHI
10320 WATTERSON TR
JEFFERSONTOWN, KY 40299

SUBJECT: REGENCY REHABILITATION ASSOCIATES, INC.
Ref. Number: W95000019833

We have received your document for REGENCY REHABILITATION ASSOCIATES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

* The registered agent designated must be an active Florida corporation or a foreign corporation authorized to transact business in Florida. Please correct the document.

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

If you have any questions concerning the filing of your document, please call (904) 487-6094.

Doug Dickinson
Document Specialist

Letter Number: 695A00045212

* *QUINCY HEALTH OF SARASOTA COUNTY, INC*

**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. REGENCY REHABILITATION ASSOCIATES, INC.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "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. KENTUCKY
(State or country under the law of which it is incorporated)
3. 61-1270211
(FEI number, if applicable)
4. OCTOBER 10, 1994
(Date of Incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. SEPTEMBER 10, 1995
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 10320 WATTERSON TRAIL
JEFFERSONTOWN KY 40299
(Current mailing address)
8. PROVIDE REHABILITATIVE SERVICES TO HEALTH CARE ESTABLISHMENTS
(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 or Mail Drop Box **NOT** acceptable)
Name: QUALITY HEALTH OF SARASOTA COUNTY, INC.
Office Address: 6940 PAN AMERICAN DR
NORTH PORT, Florida, 34287-3499
(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.

June Di Paola
(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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DIVISION OF CORPORATIONS
JUN 16 AM 9:43

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: GABE GHAMMACHI

Address: 10706 HELMSDALE LANE LOUISVILLE KY 40243

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: GABE GHAMMACHI

Address: 10706 HELMSDALE LANE
LOUISVILLE KY 40243

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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. GABE GHAMMACHI, PRESIDENT

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



OFFICE OF THE SECRETARY OF STATE
**CERTIFICATE OF EXISTENCE
DOMESTIC CORPORATION**


FILED
SECRETARY OF STATE
DIVISION
95 OCT 16 AM 9:43

I, BOB BABBAGE, Secretary of State of the Commonwealth of Kentucky, do hereby certify, that according to the records in the office of the Secretary of State of the Commonwealth of Kentucky, REGENCY REHABILITATION ASSOCIATES, INC.

_____ is a corporation organized and existing under the laws of the Commonwealth of Kentucky, whose date of incorporation is OCTOBER 10, 1994; and whose period of duration is PERPETUAL.

I further certify, that said corporation has paid all fees due and owing to the office of the Secretary of State of the Commonwealth of Kentucky to date; has delivered to the Secretary of State its most recent annual report, as required by KRS 271B.16-220 or 273.3671; and has not filed articles of dissolution.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal, at Frankfort, Kentucky, this 21ST day of SEPTEMBER, 19 95.



BOB BABBAGE
Secretary of State
Commonwealth of Kentucky

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