

Document Number Only
F960000006342

CT CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City

State

Zip

Phone

300002019853-1-3
-12/04/96--01087--027
*****70.00 *****70.00

CORPORATION(S) NAME

W96-25396

Rehab Associates, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC -4 PM 2:02

☒ Profit

☐ NonProfit

☐ Limited Liability Co.

☒ Foreign

☐ Amendment

☐ Merger

☐ Dissolution/Withdrawal

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other UCC Filing

☐ Reinstatement

☐ Reservation

☐ Change of R.A.

☐ Fic. Name

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DIVISION OF CORPORATION



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

December 4, 1996

CT CORP

SUBJECT: REHAB ASSOCIATES, INC.
Ref. Number: W96000025396

✓ We have received your document for REHAB ASSOCIATES, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 487-6093.

Freta Lott
Corporate Specialist Supervisor

Letter Number: 996A00054414

Freta - 12/5
Please see attached document.
Please backdate to
12-4-96.
Thanks!

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
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. Rehab 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. Alabama
(State or country under the law of which it is incorporated)
3. 163-0854368
(FEI number, if applicable)
4. August 30, 1983 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Estimated as December 5, 1996
(Date first transacted business in Florida. (See sections 607.1501, 607.1502 and 817.156, F.S.))
7. 207 Interstate Park Drive
Montgomery, Alabama 36109
(Current mailing address)
8. To provide physical and athletic rehabilitation therapy services; Any lawful
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) activity

9. 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)

10. Registered agent 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.

C T CORPORATION SYSTEM

Connie Bryan
(Registered agent's signature) (Officer)

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
(Type Name and Title of Officer)

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.

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

A. DIRECTORS

Chairman: Rocky Barnes

Address: 207 Interstate Park Drive

Montgomery, Alabama 36109

Vice Chairman: Danny F. Sutter

Address: 207 Interstate Park Drive

Montgomery, Alabama 36109

Director: _____

Address: _____

Director: _____

Address: _____

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B. OFFICERS

President: Rocky Barnes

Address: 207 Interstate Park Drive

Montgomery, Alabama 36109

Vice President: Danny F. Sutter

Address: 207 Interstate Park Drive

Montgomery, Alabama 36109

Secretary: Danny F. Sutter

Address: 207 Interstate Park Drive


Montgomery, Alabama 36109

Treasurer: Danny F. Suttar

Address: 207 Interstate Park Drive

Montgomery, Alabama 36109

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)

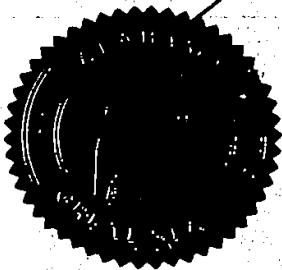
14. Rocky Barnes, President
(Typed or printed name and capacity of person signing application)

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STATE OF ALABAMA

I, Jim Bennett, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that the domestic corporation records on file in this office disclose that Rehab Associates, Inc. incorporated in Russell County, Phenix City, Alabama on August 30, 1983. I further certify that the records do not disclose that said Rehab Associates, Inc. has been dissolved.

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In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

December 4, 1996

Date

Jim Bennett

Jim Bennett

Secretary of State