

# N99000007467

*Thomas Pierce*  
 Requestor's Name  
 6 Milton St  
 Address  
 St Augustine FL 32095  
 City/State/Zip  
 Phone #  
 904 829-8100

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

RECEIVED  
 99 DEC 30 AM 11:00  
 DEPT. OF REVENUE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

1. *Southern Rehabilitative Svcs*  
 (Corporation Name) (Document #)  
 file 219  
 2. \_\_\_\_\_  
 (Corporation Name) (Document #)  
 3. \_\_\_\_\_  
 (Corporation Name) (Document #)  
 4. \_\_\_\_\_  
 (Corporation Name) (Document #)

99 DEC 30 AM 11:41  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

APPROVED  
 AND  
 FILED

- Walk in       Pick up time \_\_\_\_\_       Certified Copy  
 Mail out       Will wait       Photocopy       Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

900003084599--5  
 -12/30/99--01062--011  
 \*\*\*\*105.00 \*\*\*\*\*70.00

900003084599--5  
 -12/30/99--01062--016  
 \*\*\*\*\*8.75 \*\*\*\*\*8.75

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

*Thomas Pierce* GAVE  
 AUTHORIZATION BY PHONE TO  
 CORRECT Art III  
 DATE 12-30-99  
 DOC. EXAM CB

*CB*  
 12-30-99

Examiner's Initials	
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ARTICLES OF INCORPORATION  
OF  
SOUTHERN REHABILITATIVE SERVICES, INC.

The undersigned, for the purpose of forming a not for profit corporation do hereby adopt the following Articles of Incorporation:

ARTICLE I.

The name of the Corporation is: Southern Rehabilitative Services, Inc.

ARTICLE II.

The address of the principal office of the Corporation is:

Southern Rehabilitative Services, Inc.  
6 Milton St.  
St. Augustine, FL 32095-2114

ARTICLE III.

Southern Rehabilitative Services, Inc. will issue 0 shares of stock.

ARTICLE IV.

The address of the corporation's initial registered office is:

6 Milton Street, St. Augustine, FL 32095

The name of its registered agent at such address is:

Thomas D. Pierce, LMHC

ARTICLE V.

The name and address of each Incorporator is as follows:

Thomas D. Pierce  
6 Milton St.  
St. Augustine, FL 32095

ARTICLE VI.

The number of Directors constituting the initial Board of Directors is three. The number of Directors may be increased in accordance with the By-Laws, but shall never be more than seven (7) or less than three (3). Directors shall be appointed as specified in the bylaws for terms of service as specified in the bylaws. The name and address of each initial Director of the Corporation is as follows:

President, Treasurer  
Thomas D. Pierce, LMHC  
6 Milton St.  
St. Augustine, FL 32095

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TALLAHASSEE, FLORIDA

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Vice President, Secretary  
Natalie P. Pierce, MS.  
6 Milton St.  
St. Augustine, FL 32095

Board Member  
Robert H. Bennett, MPT  
8787 Southside Blvd. 918  
Jacksonville, FL 32256

#### ARTICLE VII.

The purpose of Southern Rehabilitative Services, Inc. shall be the provision or fiscal management of rehabilitation and Social Welfare services to individuals as determined by the mandate of Federal guidelines and/or other referral sources. Southern Rehabilitative Services, Inc. shall operate exclusively for the promotion of social welfare primarily to further the common good and general welfare of the people of the communities it serves.

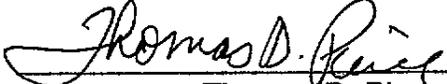
#### ARTICLE VIII.

Southern Rehabilitative Services, Inc. shall be managed in accordance with its bylaws and creation of the initial bylaws shall be by unanimous vote of its initial Directors and subsequent bylaw amendment shall be by a constituted majority of its Directors. The corporation shall be managed within all guidelines published by the IRS for a 501(c)(4) corporation and shall adhere to all published IRS exemption requirements for the operation of a 501(c)(4) corporation. The Directors may meet in person or by conference call and such meetings shall be held at least annually and by the frequency as determined by the bylaws. The powers of the Directors shall be limited to decisions in accordance with applicable laws of the State of Florida and the United States, must be by a majority decision, and in no case shall the Directors be held personally liable for any decisions made to benefit the Corporation as long as they are acting in accordance with applicable laws and the bylaws of the Corporation. The powers of the Directors shall be limited to decisions made in accordance with the bylaws and in no respect shall they benefit financially or otherwise for their decisions to the exclusion of the Corporation or the owners.

#### ARTICLE IX.

The Corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation or any amendment to them, and any right conferred upon the members is subject to this reservation.

The undersigned incorporator has executed these Articles of Incorporation this 30th day of December, 1999.

  
\_\_\_\_\_  
Thomas D. Pierce

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT OT THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is : **Southern Rehabilitative Services, Inc.**
2. The name and address of the registered agent and office is:

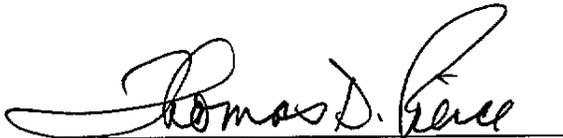
**Thomas D. Pierce  
6 Milton St.  
St. Augustine, FI 32095-2114**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
FILED

*Having been named as a registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provision of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.*

  
Signature

12/30/99  
Date