

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Bay Area Injury
Rehab Specialist,
Inc

400003097774--4
-01/13/00--01065--019
*****78.75 *****78.75

- ☒ Art of Inc. File _____
- ☐ LTD Partnership File _____
- ☐ Foreign Corp. File _____
- ☐ L.C. File _____
- ☐ Fictitious Name File _____
- ☐ Trade/Service Mark _____
- ☐ Merger File _____
- ☐ Art. of Amend. File _____
- ☐ RA Resignation _____
- ☐ Dissolution / Withdrawal _____
- ☐ Annual Report / Reinstatement _____
- ☒ Cert. Copy _____
- ☐ Photo Copy _____
- ☐ Certificate of Good Standing _____
- ☐ Certificate of Status _____
- ☐ Certificate of Fictitious Name _____
- ☐ Corp Record Search _____
- ☐ Officer Search _____
- ☐ Fictitious Search _____
- ☐ Fictitious Owner Search _____
- ☐ Vehicle Search _____
- ☐ Driving Record _____
- ☐ UCC 1 or 3 File _____
- ☐ UCC 11 Search _____
- ☐ UCC 11 Retrieval _____
- ☐ Courier _____

00 JAN 13 PM 2:17
RECEIVED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

00 JAN 13 PM 1:15
RECEIVED
TALLAHASSEE, FLORIDA
DEPARTMENT OF REVENUE

Signature _____

Requested by: ces

Name _____

Date 1/13

Time 12:05

Walk-In _____

Will Pick Up _____

200
1/13

ARTICLES OF INCORPORATION

OF

BAY AREA INJURY REHAB SPECIALIST, INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation is **BAY AREA INJURY REHAB SPECIALIST, INC.**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 JAN 13 PM 2:17

APPROVED
AND
FILED

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 718 W. M.L.K. Blvd., Suite 200, Tampa, FL 33603.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares having a par value of (\$.10) per share.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Mike Nelson, 718 W. M.L.K. Blvd., Suite 200, Tampa, FL 33603.

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of the initial Board of Directors of the corporation is William Meadows, 718 W. M.L.K. Blvd., Suite 200, Tampa, FL 33603.

The undersigned has executed these Articles of Incorporation this 13th day of January 2000.

"Capital Connection, Inc. by Chris Grunewald, Client Representative"

Chris Grunewald

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

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office / registered agent, in the State of Florida.

1. The name of the corporation is: _____
BAY AREA INJURY REHAB SPECIALIST, INC.

2. The name and street address of the registered agent and office is: _____
G. MICHAEL NELSON
718 W. M.L.K. Blvd. Suite 200
Tampa, FL. 33603

HAVING BEEN NAMED AS 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 PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Signature

G. Michael Nelson

Printed Name

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 JAN 13 PM 2:17

APPROVED
AND
FILED