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Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

Phone : (305) 541-3694

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FLORIDA PROFIT CORPORATION OR P.A.**

**community health & rehab center inc**

Certificate of Status	0
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ARTICLES OF INCORPORATION

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(3)

ARTICLE I - NAME

The name of this corporation is COMMUNITY HEALTH & REHAB CENTER INC. The principal address and the mailing address of the initial registered office of this corporation is 8184 WILES RD. CORAL SPRINGS, FL. 33067.

ARTICLE II - DURATION

This corporation shall have perpetual existence commencing on the date of the filing of these Articles with the Department of State.

ARTICLE III - PURPOSE

This corporation is organized for the purpose of transacting any or all lawful business.

ARTICLE IV - CAPITAL STOCK

This corporation is authorized to issue 1000 shares of \$1.00 par value common stock which shall be designated "Common Shares".

ARTICLE V - PRE-EMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this corporation shall have the right to purchase his prorata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

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ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is 8184 WILES RD. CORAL SPRINGS FL. 33067 and the name of the initial registered agent of this corporation at that address is ALBERT ARANA. The registered office of this corporation is the same as the street address.

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have 3 Director(s) constituting the initial Board of Directors. The number of Directors may be either increased or decreased from time to time by the ByLaws. The name(s) and address(es) of the initial Board of Directors of this corporation is (are):

NAME	ADDRESS
DEBRA LASTOFSKY	8184 WILES RD. CORAL SPRINGS, FL 33067
ALBERT ARANA	8184 WILES RD. CORAL SPRINGS, FL 33067
JIM JOHNSTON	8184 WILES RD. CORAL SPRING, FL. 33067

ARTICLE VIII - INCORPORATORS

The name and address of each person signing these Articles is:

NAME	ADDRESS
DEBRA LASTOFSKY	8184 WILES RD CORAL SPRINGS, FL. 33067
ALBERT ARANA	8184 WILES RD CORAL SPRINGS, FL. 33067
JIM JOHNSTON	8184 WILES RD. CORAL SPRINGS, FL. 33067

ARTICLE IX - INDEMNIFICATION

The corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

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ARTICLE X - AMENDMENT

This corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 6<sup>th</sup> day of June 2000

ALBERT ARANA

DEBRA LASTOFA

JOHN JOHNSON

STATE OF FLORIDA  
COUNTY OF BROWARD

Before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared who is known to be and known by me to be the persons who executed the foregoing Articles of Incorporation, and they acknowledged before me that they executed those Articles of Incorporation expressed on \_\_\_\_\_ 2000.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the State and County aforesaid, this day of \_\_\_\_\_, 2000.

Notary Public, State of Florida at Large

My commission Expires

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE  
SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM  
PROCESS MAY BE SERVED.

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE  
FOLLOWING IS SUBMITTED:

COMMUNITY HEALTH & REHAB CENTER INC.

DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE  
OF FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS AT THE  
CITY OF CORAL SPRINGS STATE OF FLORIDA, HAS NAMED ALBERT  
ARANA LOCATED AT 8184 WILES RD. AS AGENT TO ACCEPT  
CORN SPRINGS, FL 33067  
SERVICE OF PROCESS WITHIN THE STATE OF FLORIDA.

SIGNATURE: \_\_\_\_\_

ALBERT ARANA

TITLE: PRESIDENT

DATE: \_\_\_\_\_

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE  
ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS  
CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I  
FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES  
RELATIVE TO THE PROPER PERFORMANCE OF MY DUTIES.

SIGNATURE: \_\_\_\_\_

(Resident Agent)

DATE: \_\_\_\_\_

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