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TRANSMITTAL LETTER

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

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-07/12/00--01071--012
*****70.00 *****70.00

SUBJECT: ALLIED MEDICAL + REHAB CENTER, 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 of Status

☐ \$78.75 Filing Fee & Certified Copy
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: HAROLD BENTAMIN
Name (Printed or typed)

6208 PEMBROKE RD
Address

MIAMI, FL 33023
City, State & Zip

954-981-1040
Daytime Telephone number

FILED
00 JUL 12 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE RETURN BY FEDEX

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

JK 7/14

CERTIFICATE OF INCORPORATION
OF
ALLIED MEDICAL & REHAB CENTER, INC.

ARTICLE I: NAME

The name of this Corporation is: ALLIED MEDICAL & REHAB CENTER, INC

ARTICLE II: NATURE OF BUSINESS

The general nature of the business to be transacted by this Corporation is to provide physical therapy to patients and similiar health services.

ARTICLE III: CAPITAL STOCK

This Corporation is authorized to issue ONE HUNDRED (100) SHARES of common stock with a par value of ONE DOLLAR (\$1.00) for each share.

ARTICLE IV: INITIAL CAPITAL

The amount of capital with which this Corporation will begin doing business is ONE HUNDRED (\$100.00) dollars.

ARTICLE V: TERM OF EXISTENCE

This Corporation shall have perpetual existence unless dissolved by action of law.

ARTICLE VI: ADDRESS

The initial post office address of this Corporation in the State of Florida is

200 W 49TH STREET
HIALEAH, FL 33013

ARTICLE VII: DIRECTORS

This Corporation shall not have less than one (1) Director initially. The number of Directors may be increased from time to time as the stockholders desire, in accordance with the by-laws hereof, but at no time shall there be a number less than one.

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ALLIED MEDICAL & REHAB CENTER, INC.

Page 2

ARTICLE VIII: INITIAL DIRECTORS AND OFFICERS

The names and post office address of the first Board of Directors and officers of this Corporation are as follows:

Name	Address	Title	Office
YURY GERSHFELD	200 W 49TH ST HIALEAH, FL 33013	President	Director

ARTICLE IX: SUBSCRIBERS

The names and post office address of each subscriber to these Articles of Incorporation, the number of stock each agrees to take and the value of the consideration paid therefore are as follows:

Name	Address	Shares	Paid
YURY GERSHFELD	200 W 49TH ST HIALEAH, FL 33013	100	\$ 100.00

ARTICLE X: AMENDMENT

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the Stockholders and approved by a majority of the Stockholders.


YURY GERSHFELD Date 7/6-00

ALLIED MEDICAL & REHAB CENTER, INC,
Page 3

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:

That ALLIED MEDICAL & REHAB CENTER, INC. desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at Florida has named YURY GERSHFELD, 200 W 49 ST. HIALEAH, FL 33013 to accept service of process within Florida.

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 and complete performance of my duties.


YURY GERSHFELD

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