

OFFICE USE ONLY (Document #)

# LAZARUS CORPORATE FILING SERVICE

(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

000003425390--6

-10/16/00--01066--012

\*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

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

1. C. D. R. S. Corp (Corporation Name) (Document #)

2. \_\_\_\_\_ (Corporation Name) (Document #)

3. \_\_\_\_\_ (Corporation Name) (Document #)

4. \_\_\_\_\_ (Corporation Name) (Document #)

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

NEW FILINGS	
<input checked="" 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

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

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

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

October 16, 2000

LAZARUS

MIAMI, FL

SUBJECT: C.A.R.S. CORP.  
Ref. Number: W00000024916

We have received your document for C.A.R.S. CORP.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the original and one copy of 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 (850) 487-6934.

Loria Poole  
Corporate Specialist

Letter Number: 200A00054188

RECEIVED  
00 OCT 17 PM 2:51  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## ARTICLES OF INCORPORATION OF

CAR ACCIDENT REHABILITATION SPECIALISTS

The undersigned subscriber to these Articles of Incorporation, a natural person competent to Contract, hereby forms a corporation under the laws of the State of Florida.

FILED  
00 OCT 17 PM 3:28  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

### ARTICLE I. NAME

The name of the corporation shall be CAR ACCIDENT REHABILITATION SPECIALISTS CORP.  
The principal place of business shall be 3750 West 16<sup>th</sup> Ave. Suite # 130 AU  
Hialeah, Fl 33012

### ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

### ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 500 shares of common stock of \$1.00 par value per share.

### ARTICLE IV. ADDRESS

The street address of the initial registered office of the corporation shall be 3750 W. 16<sup>th</sup> Ave. Suite 130AU Hialeah, Fl 33012 and the name of the initial registered agent of the corporation at that address is Magdalena M. Lopez..

### ARTICLE V TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI DIRECTORS

This corporation shall have no Directors initially. The affairs of the Corporation will be managed by the shareholders until such time Directors are designated as provided by the Bylaws.

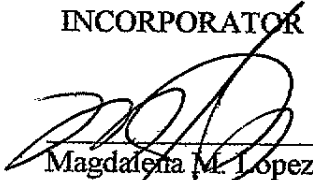
ARTICLE VII INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Magdalena M. Lopez  
3750 W. 16<sup>th</sup> Ave. Suite 130AU  
Hialeah, FL 33012

IN WITNESS WHEREOF, the undersigned authorized incorporator, has hereunto set his hand and seal on this 11 day of October 2000.

INCORPORATOR

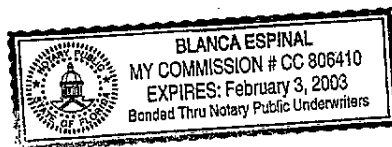
  
Magdalena M. Lopez

The foregoing instrument was acknowledged before me this 13 day of October 2000.  
By Magdalena Lopez

  
Notary Public, State of Florida at Large

My Commission expires:

2/3/03



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

Pursuant to 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/registered agent, in the State of Florida.

1. The name of the corporation is CAR ACCIDENT REHABILITATION SPECIALISTS CORP.
2. The name and address of the registered agent and office is:

Magdalena M. Lopez

3750 W. 16<sup>th</sup> Avenue Suite 130 AU  
(P.O. Box or Mail Drop **NOT** acceptable)  
Hialeah, FL 33012  
(City, State, Zip Code)

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 \_\_\_\_\_

Date 10-13-00

FILED  
00 OCT 17 PM 3:28  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA