100000110336 TRANSMITTAL LETTER

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

SUBJECT:	CYPRESS REHAB	CORPORATION PRATE NAME – MUST INCLUDE SUFFIX)
\$70.00	图 \$78.75	400003475914 -11/27/0801109- ticles of incorporation and a check for: \$78.75 \$87.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fee, & Certified Copy & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM		
	Name	(Printed or typed)
14521 FARRINGTON WAY # 103		<u> </u>
Address		
FORT MYERS, FL 33904 33912		
City, State & Zip		
(941) 225-0610		

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

Daytime Telephone number

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

CORPORATION CYPRESS REHAB

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ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

MYERS, FL 14521 FARRINGTON WAY # 103 FORT 33912

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDE THERAPY SERVICES AROUND INDEPENDENT LIVING COMMUNITY

ARTICLE IV SHARES

The number of shares of stock is:

500.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

ERNIE PLLAPIL @ FARRINGTON WAY, PORT MYERS, FL (SEE ABOVE ADDRESS)

ARTICLE VII **INCORPORATOR**

The <u>name and address</u> of the Incorporator is:

FARRINGTON WAY, FORT MYERS, FL (SEF ABOVE ADDRESS) ERNE PILAPIL

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this

certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator