

TRANSMITTAL LETTER
PO0000114696

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

300003495343--7
-12/11/00--01121--012
*****78.75 *****78.75

SUBJECT: Atlantic Health and Rehab Central, 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: MARVIN J. Merritt
Name (Printed or typed)

750 S. Orange Blossom Trail #
Address

Orlando, Florida 32805
City, State & Zip

407-835-3599
Daytime Telephone number

FILED
00 DEC 11 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

J 12/15

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:

Atlantic Health and Rehab Central, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

750 S. Orange Blossom Trail
Suite 159
Orlando, FL 32805

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical/Chiropractic/Massage/Rehab Facility

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es): Dr. Marvin J. Merritt - President
David L. Pass, CMT - U. President
750 S. Orange Blossom Trail Suite 159
Orlando, FL 32805

ARTICLE VI REGISTERED AGENT

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

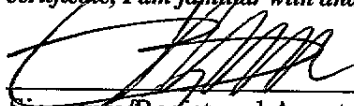
Dr. Marvin J. Merritt
750 S. Orange Blossom Trail
Suite 159
Orlando, FL 32805

ARTICLE VII INCORPORATOR

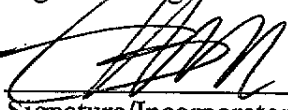
The name and address of the Incorporator is:

Dr. Marvin J. Merritt
Atlantic Health and Rehab Central, Inc.
750 S. Orange Blossom Trail
Suite 159
Orlando, FL 32805

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

12/6/00
Date


Signature/Incorporator

12/6/00
Date

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00 DEC 11 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA