

TRANSMITTAL LETTER
P010000032237

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

400003719064--8
--02/19/01--01133--008
*****87.50 *****87.50

SUBJECT: ADVANCED ORTHOPEDIC DIAGNOSTIC REHABILITATION 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: GAELEN S. CLARK
Name (Printed or typed)

305 W. COLUMBUS DR. SUITE 109
Address

TAMPA, FL 33607
City, State & Zip

813 404 0470
Daytime Telephone number

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

W01-3978
9B
2-20-01

J. BRYAN MAR 29 2001



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

February 20, 2001

GAELAN S. CLARK
3115 W. COLUMBUS DR., #109
TAMPA, FL 33607

SUBJECT: ADVANCED ORTHOPEDIC DIAGNOSTIC REHABILITATION
CENTER, INC.
Ref. Number: W01000003978

We have received your document for ADVANCED ORTHOPEDIC DIAGNOSTIC REHABILITATION CENTER, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above named entity is listed as an active entity with our office; therefore, the document(s) submitted is/are not required.

If you have any further questions concerning your document, please call (850) 487-6929.

Joey Bryan
Document Specialist

Letter Number: 601A00010605

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:

ADVANCED ORTHOPEDIC REHABILITATION CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

4726 N. HABANA AVENUE, SUITE 203
TAMPA, FL 33614

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE MEDICAL DIAGNOSTIC AND REHABILITATIVE SERVICES.

ARTICLE IV SHARES

The number of shares of stock is: 1000.

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:

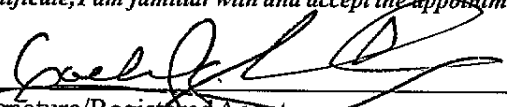
GAELAN CLARK
2922 W. UNION ST
TAMPA, FL 33607

ARTICLE VII INCORPORATOR

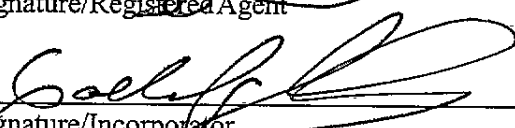
The name and address of the Incorporator is:

GAELAN CLARK
2922 W UNION ST
TAMPA, FL 33607

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

27 MAR 2001
Date


Signature/Incorporator

27 MAR 2001
Date

FILED
01 MAR 29 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA