

TRANSMITTAL LETTER

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

SUBJECT: Injury Rehab Center Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

800004190838--7  
-05/09/01--01072--005  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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: Gilberto Leon  
Name (Printed or typed)

3911 Oak Limb Ct.  
Address

Tampa, FL 33614  
City, State & Zip

(813) 886-8526  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 MAY -9 AM 9:31

FILED

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

76 MAY 15 2001

# 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:

Injury Rehab Center Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3911 Oak Limb Ct.  
Tampa, FL 33614

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Rehabilitation providers of personal injuries.

## ARTICLE IV SHARES

The number of shares of stock is: One share

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

NA

## ARTICLE VI REGISTERED AGENT

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


Gilberto Leon  
3911 Oak Limb Ct  
Tampa, FL 33614

## ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Roxany Perez  
3911 Oak Limb Ct.  
Tampa, FL 33614

\*\*\*\*\*  
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

05-03-01  
Date

  
Signature/Incorporator

05-03-01  
Date

FILED  
01 MAY -9 AM 9:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA