

PO1000081270

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

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

400004530844--8
-08/13/01--01107--020
*****78.75 *****78.75

Enclosed are 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: Linda Herrera, P.T.
Name (Printed or typed)

203 D Rubens Dr
Address

Nokomis FL 34275
City, State & Zip

941 966 8788
Daytime Telephone number

FILED
01 AUG 13 PM 12:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

Natalia
AUTHORIZATION BY PHONE TO
CORRECT address
DATE 8/17/01
ACC. EXAM Dan White

10119024

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Daw
8/16/01

ARTICLES OF INCORPORATION

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

FILED

01 AUG 13 PM 12:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Aurora Rehab Center, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

203 D RUBENS DRIVE
NOKOMIS, FL 34275

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*To provide quality heathcare in the area
of physical therapy and rehabilitation*

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Linda Herrera, P.T.

203 D RUBENS DRIVE
NOKOMIS, FL 34275

ARTICLE VI REGISTERED AGENT

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

Linda Herrera, P.T.

203 D RUBENS DRIVE
NOKOMIS, FL 34275

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Linda Herrera, P.T.

203 D RUBENS DRIVE
NOKOMIS, FL 34275

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]

Signature/Registered Agent

8-4-01

Date

[Signature]

Signature/Incorporator

8-4-01

Date