

PO1000107680
TRANSMITTAL LETTER

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

FILED
01 NOV -7 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: TRI-CARE REHABILITATION, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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:

MARYSE A. NELSON

Name (Printed or typed)

400004670674--9

-11/07/01--01041--004

*****87.50 *****87.50

804 MENDOZA DRIVE

Address

Kissimmee FL 34758

City, State & Zip

(407) 346-1590

Daytime Telephone number

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

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:

TRI-CARE REHABILITATION, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2200 EAST IRLO BRONSON HWY. 192
Suite 107
Kissimmee, FL 34744

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Healthcare- Rehabilitative Services.
Health Education

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

MARYSE A. NELSON, PT
804 MENDOZA DR.
Kiss. FL. 34758

ARTICLE VI REGISTERED AGENT

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

MARYSE A. NELSON
804 MENDOZA DR.
Kissimmee, FL. 34758

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MARYSE A. NELSON
804 MENDOZA DR.
Kissimmee, FL. 34758

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

Date

Signature/Incorporator

Date

FILED

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TALLAHASSEE, FLORIDA