

P01000112969

TRANSMITTAL LETTER

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

300004604013--2

-09/21/01--01043--017

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

SUBJECT: Diversified Rehab Solutions, 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:

DeAgetha M. Burden
Name (Printed or typed)

1744 Castle Rock Rd.
Address

Tampa, FL 33612
City, State & Zip

(813) 936-7785
Daytime Telephone number

FILED
01 NOV 28 PM 4:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

W0122256
3pm 11/28/01



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

September 25, 2001

DEAGETHA M. BURDEN
1744 CASTLEROCK RD
TAMPA, FL 33612

SUBJECT: DIVERSIFIED REHAB SOLUTIONS, INC.
Ref. Number: W01000022256

We have received your document for DIVERSIFIED REHAB SOLUTIONS, 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 document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

Please return the original and one copy of your document, along with a copy of this letter within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White
Document Specialist
New Filings Section

Letter Number: 601A00053430

*As per your request - updated form attached
3rd page.*

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: Diversified Rehabilitation Solutions, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

1744 Castle Rock Road
Tampa, FL 33612

MAILING
P.O. Box 172104
Tampa, FL 33672-2104

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Equipment Distribution

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

DeAgetha M. Burden
1744 Castle Rock Rd.
Tampa, FL 33612

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TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

DeAgetha M. Burden
1744 Castle Rock Rd.
Tampa, FL 33612

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DeAgetha M. Burden
1744 Castle Rock Rd.
Tampa, FL 33612

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

DeAgetha M. Burden
Signature/Registered Agent

11/11/01
Date

DeAgetha M. Burden
Signature/Incorporator

11/11/01
Date