

P01000120198

TRANSMITTAL LETTER

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

500004729975--0  
-12/18/01--01024--018  
\*\*\*\*140.00 \*\*\*\*\*70.00

SUBJECT: RehabFirst 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: \_\_\_\_\_

Name (Printed or typed)

**LES GARDI, CPA**

**7061 S. TAMiami TRAIL**

**SARASOTA, FL 34231-5559**

**(941) 925-2099**

City, State & Zip

Daytime Telephone number

FILED  
01 DEC 18 PM 12:13  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

D. WHITE DEC 20 2001

**ARTICLES OF INCORPORATION**

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

FILED

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**ARTICLE I NAME**

The name of the corporation shall be: RehabFirst Inc

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

205 Montgomery Ave  
Sarasota, FL 34243

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Own and operate a  
rehabilitation facility

**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):

**ARTICLE VI REGISTERED AGENT**

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


Frank H Dieckman  
205 Montgomery Ave  
Sarasota, FL 34243

**ARTICLE VII INCORPORATOR**

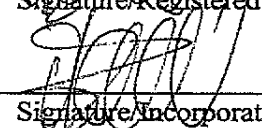
The name and address of the Incorporator is:

Frank H Dieckman  
205 Montgomery Ave  
Sarasota, FL 34243

\*\*\*\*\*  
*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

12-15-01  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

12-15-01  
\_\_\_\_\_  
Date