

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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(((H02000020902 1)))

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : A.A.ALI, CPA

Account Number : 120000000192

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FLORIDA PROFIT CORPORATION OR P.A.

PROACTIVE REHAB OF CENTRAL FLORIDA, INC.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

1/23/02

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ARTICLES OF INCORPORATION of

PROACTIVE REHAB OF CENTRAL FLORIDA, INC.

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

PROACTIVE REHAB OF CENTRAL FLORIDA, INC. 1340 E. VINE STREET, STE 222, KISSIMMEE, FL 34744

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 1000 shares of (One) Dollar(s) (\$1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The name and street address of the Initial Registered Agents of this Corporation is:

Name:	GILLIAN SADHI	
Address:	222 STRATHMORE CIRCLE	
City:	KISSIMMEE, FL 34744	

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ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-laws, but shall never be less than one (1). The name and address of the initial director(s) of the corporation are as follows:

Name:	GILLIAN SADHI, President	_
Address:	222 STRATHMORE CIRCLE	
Citv:	KISSIMMEE, FL 34744	

ARTICLE VII - INCORPORATORS

The name and address of the person(s) signing these articles of Incorporation are as follows:

Name:	GILLIAN SADHI	
Address:	222 STRATHMORE CIRCLE	
City:	KISSIMMEE, FL 34744	

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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

D-SOV

1/23/02

GILLIAN SADHI/Registered Agent

Date

GILLIAN SADHI/ Incorporator

Date

1/23/02