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EXPRESS CORPORATE FILING SERVICE INC.
(Requestor's Name)

1000 PONCE DE LEON BLVD. STE: 101
(Address)

CORAL GABLES, FL 33134 305-444-4994
(City, State, Zip) (Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. REHABILITATION THERAPY SERVICE INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
☒	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☒	Foreign
☒	Limited Partnership
☒	Reinstatement
☒	Trademark
☐	Other

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02 FEB 12 PM 1:02
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
FILED
02 FEB 12 PM 2:58
SECRETARY OF STATE

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ARTICLES OF INCORPORATION
FOR
REHABILITATION THERAPY SERVICE INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

REHABILITATION THERAPY SERVICE INC.

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ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

801 W. 49 ST., STE: 106-C
HIALEAH, FL 33012

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have shall be:

SHARES: 100

ARTICLE IV REGISTERED AGENT

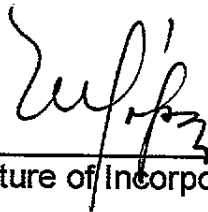
The name and Florida street address of the initial registered agent shall be:

MARIA ELENA LOPEZ
801 W. 49 ST., STE: 106-C
HIALEAH, FL 33012

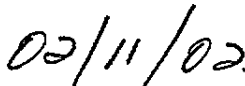
ARTICLE V INCORPORATOR

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

MARIA ELENA LOPEZ
801 W. 49 ST., STE: 106-C
HIALEAH, FL 33012



Signature of Incorporator



Date

ARTICLE VI DIRECTOR(S)/OFFICER(S)

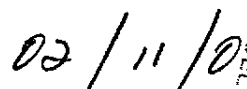
The name(s) and address(es) of the Director(s)/Officer(s) shall be:

MARIA ELENA LOPEZ (P)
801 W. 49 ST., STE: 106-C
HIALEAH, FL 33012

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in the articles, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Signature



Date

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