FILED

TRANSMITTAL LETTER

02 JUL 11 PH 2: 48

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

300006335533--4 -07/11/02--01057--001

SUBJECT:

PROREHAB EAST, INC.

****128.75 ****128.75

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication

\$50.00

Articles of Incorporation and Certified Copy

\$78.75

Total to domesticate and file

\$128.75

OPTIONAL:

Certificate of Status

\$ 8.75

MARGARET K. YASICK FROM:

Name (Printed or typed)

P.O. BOX 854

Address

OLDSMAR, FLORIDA 34677

City, State & Zip

(813) 920-0050

Daytime Telephone number

CERTIFICATE OF DOMESTICATION

FILED

Th	e undersigned,	MARGARET K. YASIC	<u>:</u> K	PRESIDENT	Ē	02 JUL 11	РМ	2:48
	-	(Name)		•	itle)	SECKLI744 FALLAHASS	ur cc c	S [ATE
of			C.		a foreig	n Corporatio	n,	COMP.
in	accordance with I	(Corporation Name) F.S., 607.1801 does hereby ce	rtify:					
1.	The date on which	ch corporation was first forme	ed was	OVEMBER 1		<u>, 1996</u>	.•	
2.	•	where the above named corpo was SOUTH CAROLIN		first formed, inco	•	-		
3.	The name of the	corporation immediately prio	r to the filin	g of this Certifica	te of Do	omestication	··	2 de Mand
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to								
	s. 607.0202 and 6	607.0401 with this certificate	is PRORE	HAB EAST, I	NC.			
5.	administration of prior to the filing	hat constituted the seat, siege the corporation, or any other of the Certificate of Domestin CAROLINA	equivalent t	hereto under appl			tely	
6.	Attached are Flor to s. 607.1801.	rida articles of incorporation t	o complete t	he domestication	require	ments pursu	ant	
I ar	mMARGARET Y	ASICKof PROREHAB EA	AST, INC	•				
and	l am authorized to	sign this certificate of Domes	stication on	pehalf of the corp	oration	and have do	ne	
so t	this the 2 day	of JULY			,	2002	• .	
	_	May fail K 1) (Authorite	auch		_			-
		() (Authoritze	ed Signature)				

Filing Fee:

Certificate of Domestication
Articles of Incorporation and Certified Copy
Total to domesticate and file

\$50.00 <u>\$78.75</u> \$128.75

In compliance with Chapter F.S., 607.	FILED
ARTICLE I NAME The name of the corporation shall be:	02 JUL 11 PM 2: 48
PROREHAB EAST, INC.	SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	<u>-</u> .
P.O. BOX 854 OLDSMAR, FLORIDA 34677	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	-
NURSE CONSULTANT	. a comment of the co
ARTICLE IV SHARES The number of shares of stock is:	
1,000	
ARTICLE V INITIAL OFFICERS DIRECTORS (optional) The name(s) and address(es): MARGARET K. YASICK P.O. BOX 854 OLDSMAR, FLORIDA 34677	
ARTICLE VI INITIAL REGISTERED AGENT AND STREET AD	DRESS
The <u>name and Florida street address</u> of the registered agent is: MARGARET K. YASICK	:
12011 TUSCANY BAY DRIVE, #103 TAMPA, FLORIDA 33626	•
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
MARGARET K. YASICK P.O. BOX 854 OLDSMAR, FLORIDA 34677	
**************************************	******
Having been named as registered agent and to accept service of process for the above stated corpor in this certificate, I am familiar with and accept the appointment as registered agent and agree to a	
Signature/Registered Agent MARGARET K. YASICK Date	718102
Signature/Incorporator MARGARET K. YASICK Date	71810>
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