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FILED

TRANSMITTAL LETTER

02 JUL 11 PM 2:48

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

SECRET, STATE
TALLAHASSEE, FLORIDA

300006335593--4

-07/11/02--01057--001

***128.75 ***128.75

SUBJECT: PROREHAB EAST, INC.

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	<u>\$78.75</u>
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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FROM: MARGARET K. YASICK

Name (Printed or typed)

P.O. BOX 854

Address

OLDSMAR, FLORIDA 34677

City, State & Zip

(813) 920-0050

Daytime Telephone number

ARTICLES OF INCORPORATION

In compliance with Chapter F.S., 607.

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ARTICLE I NAME

The name of the corporation shall be:

PROREHAB EAST, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

**P.O. BOX 854
OLDSMAR, FLORIDA 34677**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

NURSE CONSULTANT

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 ADDRESS

The name and Florida street address 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 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.

Margaret K. Yasick
Signature/Registered Agent **MARGARET K. YASICK**

7/18/02
Date

Margaret K. Yasick
Signature/Incorporator **MARGARET K. YASICK**

7/18/02
Date