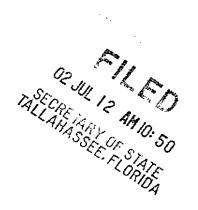
# PO2000076427

SUBJECT: West Coast Rehab, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFLX)

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



\*\*\*\*\*78.75

Enclosed are an a \$70.0 Filing Fe		□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee,	
FROM: Shelly D. Welch, West Coast Rehab, Inc.  Name (Printed or typed)				
2238 SW 7th Place			80000634	62883 -nin22011

Address

City, State & Zip

Daytime Telephone number

(239) 772-0449

Cape Coral, Florida 33991-7746.

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



# ARTICLES OF INCORPORATION

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

### ARTICLE I NAME

The name of the corporation shall be:

West Coast Rehab, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

West Coast Rehab, Inc. 2238 SW 7th Place Cape Coral, FL 33991-7746

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Rehabilitation Services

### ARTICLE IV SHARES

The number of shares of stock is: The number of shares of stock that this corporation is authorized to have outstanding at any one time is; Non assessable One Thousand (1,000) shares of class A Common Stock at No Par Value

# ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s): Initial Officers & Directors shall be;

Shelly D. Welch 2238 SW 7th Place

President, Secretary, Treasurer & Director

O2 JUL 12 AM 10:50
LLAHASSEE, FLORIDA

Cape Coral, FL 33991-7746

### ARTICLE VI REGISTERED AGENT

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

Shelly D. Welch 2238 SW 7th Place Cape Coral, FL 33991-7746

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Shelly D. Welch 2238 SW 7th Place Cape Coral, FL 33991-7746

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 Date

- About Welch
Signature/Incorporator

Date