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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 JAN 10 PM 4:19

APPROVED
AND
FILED

TRANSMITTAL LETTER

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

SUBJECT: ALL CARE MED- REHAB INCORPORATED
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: INNOCENT O CHINWEZE ESQ.
Name (Printed or typed)

300 SOUTH PINE ISLAND ROAD SUITE 248
Address

PLANTATION FLORIDA 33324
City, State & Zip

954-452-4322
Daytime Telephone number

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:

ALLCARE MED- REHAB INCORPORATED.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3267 DAVIE BLVD
FORT LAUDERDALE FLORIDA 33312

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ENGAGE AND CARRY ON ANY LAWFUL BUSINESS IN HEALTHCARE AND
CHIROPRACTIC SERVICES.

ARTICLE IV SHARES

The number of shares of stock is:

10,000 SHARES OF \$1.00 PAR VALUE COMMON STOCK

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ROOLS PIERRE- PRESIDENT
AZAIRE PAUL - VICE PRESIDENT
MADARE PREVILOR- SECRETARY

ARTICLE VI REGISTERED AGENT

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

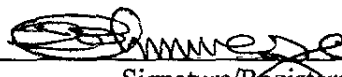
INNOCENT O CHINWEZE ESQ.
300 SOUTH PINE ISLAND ROAD SUITE 248
PLANTATION FLORIDA 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

INNOCENT O CHINWEZE ESQ.
300 SOUTH PINE ISLAND ROAD
SUITE 248 PLANTATION FL 33324


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

1-7-03

Date



Signature/Incorporator

1-7-03

Date

APPROVED
AND
FILED

03 JAN 10 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA