

P03000022450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

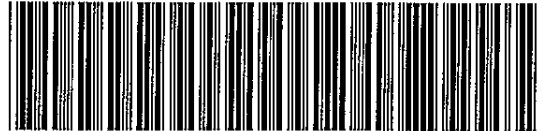
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03 FEB 24 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2-25-03
[Signature]

CLEVE ANTHONY ALVIN JOSEPHS
8107 Saint Albans Drive
Orlando, FL 32835
Phone: (407) 294-8744 E-mail: cleve@uab.edu

February 19, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
(850) 245-6052

To Whom It May Concern:

Enclosed are original articles of incorporation, two (2) copies, and the required fees. Please stamp the extra copy with the date of incorporation and return in the enclosed envelope.

Thanks,


Cleve A. A. Josephs

TRANSMITTAL LETTER

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

SUBJECT: Full Spectrum REHAB AND WELLNESS, Inc.
(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: CUEVE A.A. JOSEPHS
Name (Printed or typed)

8107 St. ALBANS DR.
Address

ORLANDO, FL 32835
City, State & Zip

407-716-2469
Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Full Spectrum Rehab and Wellness, Inc.

ARTICLE II PRINCIPAL OFFICE

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

8107 Saint Albans Drive
Orlando, Florida 32835

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

One thousand (1000)

ARTICLE IV DIRECTOR AND OFFICERS

The initial Director and chief executive officer is: Cleve A. A. Josephs

The initial Secretary is: Cleve A. A. Josephs

The initial Treasurer is: Cleve A. A. Josephs

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

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

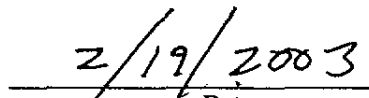
Cleve A. A. Josephs
8107 Saint Albans Drive
Orlando, Florida 32835

ARTICLE VI INCORPORATOR

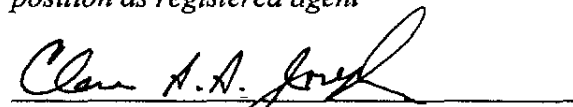
The name and address of the incorporator to these Articles of Incorporation are:

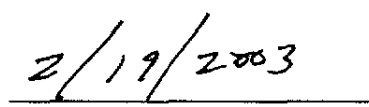
Cleve A. A. Josephs
8107 Saint Albans Drive
Orlando, Florida 32835


Signature/Incorporator


Date

Having been named as registered agent and to accept service of process the above stated corporation at the place designated in this certificate, 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/Registered Agent


Date