

PO3000054487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

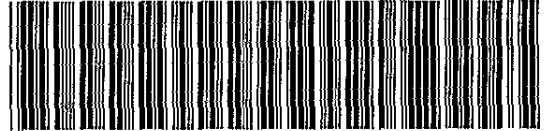
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500014077205

05/12/03--01009--007 **87.50

FILED
03 MAY -9 PM 0 55
MAY 12 2004

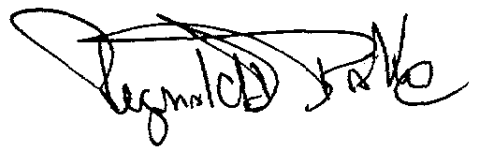
Dear Department of State:

Enclosed please find Articles of Incorporation
for Trauma Rehabilitation Group, Inc.

Please send all replies to my N.J. office as
follow.

Reginald D. Baker
6 ORCHARD Drive
Randolph, New Jersey 07869

973 204-5418 cell
973 252-9498 off.
973 252-1543 FAX



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:

Trauma Rehabilitation Group, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1984 Applegate Dr.
Ocoee, Fl.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

personal injury clinic.

ARTICLE IV SHARES

The number of shares of stock is:

100.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Reginaerd D. Baker. - President -

Ann M. Carter-Nunn. - Vice President of Operations.

ARTICLE VI REGISTERED AGENT

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

Reginaerd D. BAKER. 1984 Applegate Dr.
Ocoee, Fl. 34761

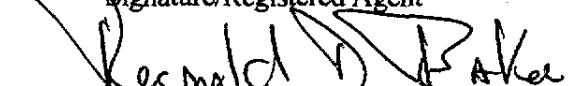
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

1984 Applegate Dr. Reginaerd D. BAKER
Ocoee, Fl. 34761

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


Signature/Incorporator

5.6.03

Date

5.6.03

Date

FILED
03 MAY -9 AM 8 55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA