

PO3000074871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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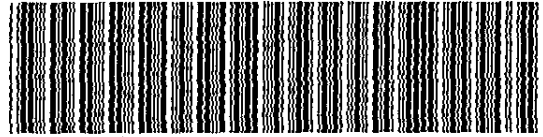
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: Optimal Care Rehabilitation, 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: Jennifer Panaseth

Name (Printed or typed)

9463 NW 42nd Street

Address

Sunrise, FL 33351

City, State & Zip

(954)673-8979

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:

Optimal Care Rehabilitation, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9463 NW 42nd Street
Sunrise, FL 33351

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Provided Physical Therapy to clients with functional deficiets and to conduct any and all services permitted under the Florida state law.

ARTICLE IV SHARES

The number of shares of stock is:

100 common shares at no par value to Jennifer Panaseth

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Jennifer Panaseth
President
9463 NW 42nd Street
Sunrise, FL 33351

ARTICLE VI REGISTERED AGENT

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

Jennifer Panaseth
9463 NW 42nd Street
Sunrise, FL 33351

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jennifer Panaseth
9463 NW 42nd street
Sunrise, FL 33351

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

Jennifer Panaseth
Signature/Registered Agent

Jennifer Panaseth
Signature/Incorporator

6/26/03
Date

6/26/03
Date

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TALLAHASSEE, FLORIDA