P03000082779

(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



100021530871

07/29/03=-01015--009 **78.75

D3 JUL 29 AM IO: 31

ENTER CENTRAL PROPERTY.

Wag!

Charter Number Only

Requestor's Name

Address

City

State

ZIP

Phone

CORPORATION(S) NAME

W.P. Venifier

Speech	Res	b Service	es, Inc.			
Profit () NonProfit) Amendment				
() Foreign) Dissolution	() Merger			
() Limited Partnership () Reinstatement	() Annual Report) Reservation	() Other () Change of Registered Agent			
(Certified Copy	() Photo Copies	() Certificate Under Seal			
() Call When Ready () Walk In	(() Will Wait) Call If Problem	() After 4:30 k Up () Mail Out			
Name Availability Document						
Examiner Updater			TO CONV			
Varifier		CERTIFIED COPY				
Acknowledgment						

ARTICLES OF INCORPORATION

ED

of

03 JUL 29 PM 3: 04

Speech Rehab Services, I	SECRETARY OF STATE TALLAHASSEE, FLORIDA
(name of corporation	
The undersigned subscriber(s) to these Articles of Incorporation, natural corporation under the laws of the State of Florida.	al person(s) competent to contract, hereby form a
ARTICLE I - CORPORATE The name of the corporation is:	E NAME
Speech Rehab Services	INC.
ARTICLE II - DURATI	ON
This corporation shall exist perpetually unless dissolved according to F	Florida law.
ARTICLE III - PURPO	DSE
The corporation is organized for the purpose of engaging in any activit United States and the State of Florida.	ies or business permitted under the laws of the
The corporation is authorized to issue	es (hoso) of ONE
ARTICLE V - INITIAL REGISTERED O	FFICE AND AGENT
The street address of the Initial Registered Agent office and the name of	of the Initial Registered Agent at that office is:
NAME Janet L. SANDLER	
ADDRESS 3154 N.W. 61st Street CITY BOCK RATONFLOR	RIDA (- (ZIP 33496
The principal office, if known, or the mailing address of the corporation	
NAME Speech Rehab Services,	INC
ADDRESS 3154 NW 61ST STREET CITY BOLD RATON FLOR	RIDA F (ZIP 33 496
1077010	

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have (
NAME JANET L. SANDLER			
ADDRESS 3154 NW GIST STreET	_		
CITY BOCA RATION, FLORIDA	STATE	Florida	ZIP33496
NAME			
ADDRESS			
CITY	STATE		ZIP
NAME			
ADDRESS			
CITY	STATE	_ -	ZIP
ARTICLE VI I	- INCORPORATO	ORS .	
The names and addresses of the incorporators signing thes	e Articles of Inco	rporation are as follows:	
NAME JANET L. SANDLER		-	
ADDRESS 3154 NW COLFT ST	ee.T	····	
CITY BOCA RATEN	STATE	Florida	ZIP 33496
NAME	<u> </u>		
ADDRESS	· – –		
CITY	STATE		ZIP
NAME			
ADDRESS	· <u>-</u>		
CITY	- STATE		ZIP
IN WITNESS WHEREOF, the undersigned subscriber(s) day of July , 2003		se Articles of Incorporation A-January	on this 24 +4 — (Seal) — (Seal)
_			(Seal)

FILED

CERTIFICATE AND KNOWLEDGEMENT OF REGISTERED AGENT

03 JUL 29 PM 3: 05

JECHETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF REGISTERED AGENT
OF

Speech Rehab Services INC (name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at <u>3154</u>	N.W.	6/57	Street		٠.	
Boca	RATON	FLoru	da 33496			
has named					Janetl	.Sandler
located at the af	oresaid addres	s, as its Reg	istered_Agent to acc	cept servi	ce of process w	vithin
this state.			-			

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

Hanit L. Sardler (registered agent)