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11/20/03

Requestor's Name

Address

City

State

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Phone

ATLANTIC

CORPORATION(S) NAME

First Care Rehab & Therapy Center Inc.

- ☒ Profit  
☐ NonProfit  
☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☒ Certified Copy  
☐ Call When Ready  
☒ Walk In
- ☐ Amendment  
☐ Dissolution  
☐ Annual Report  
☐ Reservation  
☐ Photo Copies  
☐ Call If Problem  
☐ Will Wait
- ☐ Merger  
☐ Mark  
☐ Other  
☐ Change of Registered Agent  
☐ Certificate Under Seal  
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W.P. Verifier

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**Empire** Toll Free: 1-800-432-3028

**ARTICLES OF INCORPORATION**

Incompliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: *First Care Rehab + Therapy Center Inc.*

ARTICLE II PRINCIPAL OFFICE

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

*139 5<sup>th</sup> St. Naples, Florida 34113*

ARTICLE III PURPOSE:

The purpose for which the corporation is organized is to transact any and all lawful business.

ARTICLE IV SHARES: *100*

ARTICLE V INITIAL DIRECTORS OFFICERS

The names and addresses:

*Sean C. Laquerre, President, V.P., Sec., Treas.*

*139 5<sup>th</sup> St. Naples, Florida 34113*

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

*Sean C. Laquerre*

*139 5<sup>th</sup> St. Naples, Florida 34113*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Sean C. Laquerre*

*139 5<sup>th</sup> St. Naples, Florida 34113*

\*\*\*\*\*  
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.

*Sean C. Laquerre*  
Signature/Registered Agent

*11-20-03*  
Date

*Sean C. Laquerre*  
Signature/Incorporator

*11-20-03*  
Date

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