

P04000058296

(Requestor's Name)

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☐ PICK-UP ☐ WAIT ☐ MAIL

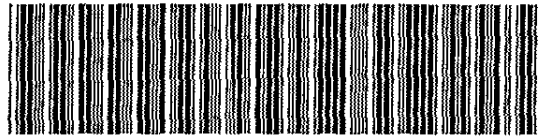
(Business Entity Name)

(Document Number)

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2004 APR -1 P 3 45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

TRANSMITTAL LETTER

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

SUBJECT: FLORIDA REHABILITATION SERVICES, 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: OLGA LUCIA OSPINA, OTR/L
Name (Printed or typed)

4775 Collins Avenue, Suite 2003
Address

Miami Beach, Florida, 33140
City, State & Zip

305 - 606 - 6721
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 9, 2004

OLGA LUCIA OSPINA, OTS/L (2ND LETTER)
4775 COLLINS AVENUE
SUITE 2003
MIAMI BEACH, FL 33140

SUBJECT: FLORIDA REHABILITATION SERVICES, INC.
Ref. Number: W04000007019

We have received your document for FLORIDA REHABILITATION SERVICES, INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L00000009906.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole
Document Specialist
New Filings Section

Letter Number: 904A00011222

RECEIVED
04 APR - 2 AM 7:58
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

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:

FLORIDA REHABILITATION SERVICES USA, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4775 Collins Avenue, suite 2003

Miami Beach, Florida 33140

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide rehabilitation services to the paatients in the community.

ARTICLE IV SHARES

The number of shares of stock is:

100 shares of voting common stock with \$1 par value. The transfer of these shares will be governed by the bylaws of the corporation.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Olga L. Ospina, OTR/L Director

ARTICLE VI REGISTERED AGENT

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

Olga L. Ospina, OTR/L

4775 Collins Avenue, Suite 2003

Miami Beach, Florida, 33140

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Olga L. Ospina, OTR/L

4775 Collins Avenue, Suite 2003

Miami Beach, FLorida, 33140

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 th's capacity

Olga L. Ospina, OTR/L
Signature/Registered Agent

3-30-04
Date

Olga L. Ospina, OTR/L
Signature/Incorporator

3-30-04
Date

FILED
2004 APR -1 P 3 45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA