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04/07/04 7 PM 3:00
TALLAHASSEE, FLORIDA

TH 4/7/04

TRANSMITTAL LETTER

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

SUBJECT: REHAB CARE RESOURCES, 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: JAIME H. MIRANDA
Name (Printed or typed)

6181 SERENE RUN
Address

LAKE WORTH, FLORIDA 33467
City, State & Zip

(561) 762-3245
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

RECEIVED

04 APR -7 PM 2:01

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

March 29, 2004

JAIME H MIRANDA
6181 SERENE RUN
LAKE WORTH, FL 33467

SUBJECT: REHAB CARE RESOURCES, INC.
Ref. Number: W04000012040

We have received your document for REHAB CARE RESOURCES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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) 245-6855.

Tammy Hampton
Document Examiner
New Filings Section

Letter Number: 604A00020297

COMPLETED

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:

REHAB CARE RESOURCES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6181 SERENE RUN, LAKE WORTH, FLORIDA 33467

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO CONTRACT, SERVICE, EDUCATE AND TREAT CLIENTS, PATIENTS FROM HOSPITALS, OUTPATIENT AND HEALTH CLINICS, SKILLED NURSING FACILITIES, ASSISTED/EXTENDED CARE FACILITIES, HEALTH CARE PROFESSIONALS FOR PHYSICAL, OCCUPATIONAL AND/OR SPEECH THERAPIES IN ONSITE REHAB FACILITIES, HOMES, HOSPITALS AND CLINICS.

ARTICLE IV SHARES

The number of shares of stock is: (50) FIFTY.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JAIME H. MIRANDA, PRESIDENT/CEO
6181 SERENE RUN
LAKE WORTH, FLORIDA 33467

ARTICLE VI REGISTERED AGENT

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

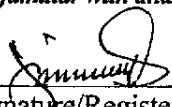
JAIME H. MIRANDA
6181 SERENE RUN
LAKE WORTH FLORIDA 33467

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JAIME H. MIRANDA
6181 SERENE RUN
LAKE WORTH, FLORIDA 33467

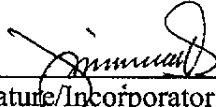
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



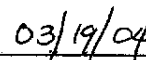
Signature/Registered Agent



Date



Signature/Incorporator



Date

FILED

04 APR -7 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA