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2004 APR 12 A 10:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
04 APR 12 PM 12:19

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

4/14 ✓

## ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, Fl 32308

City/St/Zip

850-222-2785

Phone #

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1- \_\_\_\_\_
- 2- \_\_\_\_\_
- 3- \_\_\_\_\_ CORNERSTONE REHAB, INC. \_\_\_\_\_
- 4- \_\_\_\_\_

☒ Walk-in

☐ Pick-up time ASAP

☐ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

### NEW FILINGS

<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

### AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

### OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

### REGISTRATION/QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input checked="" type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF INCORPORATION  
OF  
CORNERSTONE REHAB, INC.**

**FILED**  
2009 APR 12 AM 10:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I**

The name of this corporation shall be **CORNERSTONE REHAB, INC.**

**ARTICLE II**

This corporation shall have perpetual existence.

**ARTICLE III**

The primary purpose of this corporation shall be to engage in the business of provide physical therapy services to hospitals, nursing homes, home healthcare agencies, and any other purpose to the general public and the transaction of any and all lawful business for which a corporation may be incorporated under the laws of the State of Florida.

**ARTICLE IV**

The amount of capital stock authorized shall be 1000 shares of common stock having a par value of \$1.00 Dollar (\$1.00) per share, making a total authorized capital stock of One Thousand Dollars (\$1,000.00).

**ARTICLE V**

The street address of the corporation's initial registered office is 3517 Rosewood Circle, Lynn Haven, FL 32444. The name of the corporation's initial registered agent at such address is Charlie Abrenica. The street address of the corporation's principal office is 3517 Rosewood Circle, Lynn Haven, FL 32444. The street address of the registered office and business address is the same.

**ARTICLE VI**

The amount of capital with which this corporation shall begin its business ventures is not less than ONE THOUSAND DOLLARS (\$1,000.00).

**ARTICLE VII**

The management of the corporate affairs of this corporation shall be managed by the Board of Directors.

**ARTICLE VIII**

The number of directors constituting the initial Board of Directors shall be not less than one (1) nor more than three (3).

**ARTICLE IX**

The name and address of each person who is to serve as a member of the initial Board of Directors are:

Charlie Abrenica, 3517 Rosewood Circle, Lynn Haven, FL 32444.  
Heath Macomber, 4027 Torino Way, Panama City, FL 32405.

**ARTICLE X**

The name and address of the incorporator signing these Articles of Incorporation is as follows:

Charlie Abrenica, 3517 Rosewood Circle, Lynn Haven, FL 32444.

**ARTICLE XI**

These Articles of Incorporation may be amended in the manner provided by law.

IN WITNESS WHEREOF, the undersigned has made and subscribed this the Articles of Incorporation at Panama City, Florida, for the uses and purposes herein expressed this 6th day of April, 2004.

  
\_\_\_\_\_  
CHARLIE ABRENICA

STATE OF FLORIDA  
COUNTY OF BAY

The foregoing instrument was acknowledged before me this 6th day of April, 2004 by CHARLIE ABRENICA, who is personally known to me or who has produced FL DL (type of identification) as identification and who did take an oath.



Nancy Ann Mack  
Signature of Notary Public  
Nancy Ann Mack

Printed Name of Notary Public  
CC993339

Commission No.  
My Commission Expires: 01/11/2005

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR  
DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS  
STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted in compliance with said Act:

That CORNERSTONE REHAB, INC., desiring to organize under the laws of the State of Florida, with its principal office, as indicated in the Articles of Incorporation, at the City of Lynn Haven, County of Bay, State of Florida, has named Charlie Abrenica, located at 3517 Rosewood Circle, City of Lynn Haven, County of Bay, State of Florida, as its agent to accept service of process within this State.

April 6, 2004  
Dated

*Charlie Abrenica*  
CHARLIE ABRENICA

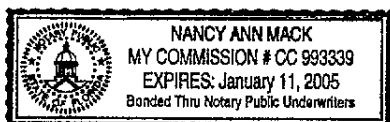
**ACKNOWLEDGMENT: MUST BE SIGNED BY DESIGNATED AGENT**

Having been named to accept service of process for the above stated corporation, at the place designated in this Certificate, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to keeping open said office.

*Charlie Abrenica*  
CHARLIE ABRENICA

STATE OF FLORIDA  
COUNTY OF BAY

Sworn to and subscribed before me this 6th day of April, 2004,  
by CHARLIE ABRENICA, who is personally known to me or who has produced \_\_\_\_\_  
FL DL (type of identification) as identification.



*Nancy Ann Mack*  
Signature of Notary Public  
Nancy Ann Mack  
Printed Name of Notary Public  
Commission No.: CC993339  
Commission Expires: 01/11/2005

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