

P04000082260

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 MAY 24 PM 3:08

W04-18584

Bm #121

## TRANSMITTAL LETTER

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

**SUBJECT:** A REHAB ASSOCIATES OF S. FLA, CORP

(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

**FROM:** LAWRENCE WEINER

Name (Printed or typed)

14323 MIRAMAR PARKWAY

Address

MIRAMAR, FL 33027

City, State & Zip

954-445-4275

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

May 13, 2004

LAWRENCE WEINER  
14323 MIRAMAR PARKWAY  
MIRAMAR, FL 33027

SUBJECT: REHAB ASSOCIATES, INC.  
Ref. Number: W04000018584

We have received your document for REHAB ASSOCIATES, 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 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.**

Please complete article VII.,

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) 245-6931.

Becky McKnight  
Document Specialist  
New Filings Section

Letter Number: 204A00033460

## 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:

A REHAB ASSOCIATES OF S. FLA, CORP

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

14323 MIRAMAR PARKWAY MIRAMAR , FL 33027

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

PROFF / MEDICAL

### **ARTICLE IV SHARES**

The number of shares of stock is:

1000

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

LAWRENCE WEINER 14323 MIRAMAR PARKWAY MIRAMAR FL 33027 PRESIDENT  
ELAINE WEINER 1432 MIRAMAR PARKWAY MIRAMAR FL 33027 VP  
JACK WEINER 14323 MIRAMAR PARKWAY MIRAMAR FL 33027 SECRETARY  
SHARON WEINER 14323 MIRAMAR PARKWAY MIRAMAR FL 33027

### **ARTICLE VI REGISTERED AGENT**

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

LAWRENCE WEINER 14323 MIRAMAR PARKWAY MIRAMAR FL 33027

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

LAWRENCE WEINER 14323 MIRAMAR PARKWAY MIRAMAR FL 33027

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 MAY 24 PM 3:08

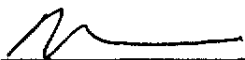
\*\*\*\*\*  
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



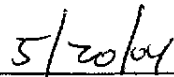
Signature/Registered Agent



Date



Signature/Incorporator



Date