P04000116036

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000163388 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0381

From:
Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

FILED
04 AUG -9 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

COASTAL HEALTH AND REHAB CENTERS, INC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	$78.75

Electronic Filing Menu Corporate Filing Public Access Help

8/8/16

(((H04000163988)))

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:

COASTAL HEALTH AND REHAB CENTERS, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1330 SW 22 ST
STE 305
MIAMI, FL 33145

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

FILED
04 AUG -9 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MARIA ALFONZO (PD)
1330 SW 22 ST
STE 305
MIAMI, FL 33145

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

MARIA ALFONZO
1330 SW 22 ST
STE 305
MIAMI, FL 33145

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

MARIA ALFONZO
1330 SW 22 ST
STE 305
MIAMI, FL 33145

****

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

Maria Alfonzo
Signature/Registered Agent

AUGUST 09, 2004
Date

Maria Alfonzo
Signature/Incorporator

AUGUST 09, 2004
Date