

# P04000142812

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To:

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

From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

**FLORIDA PROFIT CORPORATION OR P.A.**

**V & A REHABILITATION CENTER, INC.**

Certificate of Status	0
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ARTICLES OF INCORPORATION

OF

V & A REHABILITATION CENTER, INC.  
(Name of Corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I- CORPORATE NAME

The name of the corporation is:

V & A REHABILITATION CENTER, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida Law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of operating and supporting therapy practice.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue five hundred shares (500) of one dollar (\$) (1.00) par value Common Stock, which shall be designated "Common Shares."

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ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial Registered Agent office and the name of the Initial Registered Agent at that office are:

NAME VLADIMIR LOPEZ  
ADDRESS 4188 FAITH STREET  
CITY WEST PALM BEACH, FL. 33406

The principal office, if known or the mailing address of the corporation is:

NAME V & A REHABILITATION CENTER, INC.  
ADDRESS 4188 FAITH STREET  
CITY WEST PALM BEACH, FL. 33406

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have TWO (2) director(s) initially. The number of directors may be either increased or diminished from time to time by the by-laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follow:

NAME VLADIMIR LOPEZ  
ADDRESS 4188 FAITH STREET  
CITY WEST PALM BEACH, FL. 33406

NAME AVISON GOMEZ  
ADDRESS 4208 SANDER DRIVE  
CITY LAKE WORTH, FL. 33461

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME VLADIMIR LOPEZ  
ADDRESS 4188 FAITH STREET  
CITY WEST PALM BEACH, FL. 33406

NAME AVISON GOMEZ  
ADDRESS 4208 SANDER DRIVE  
CITY LAKE WORTH, FL. 33461

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_

IN WITNESS WHEREOF, the undersigned and subscriber(s) have executed these Articles of Incorporation this 11<sup>TH</sup> DAY OF OCTOBER, 2004.

 \_\_\_\_\_ (Seal)

 \_\_\_\_\_ (Seal)

\_\_\_\_\_ (Seal)

\_\_\_\_\_ (Seal)

CERTIFICATE AND ACKNOWLEDGEMENT  
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

V & A REHABILITATION CENTER, INC.  
(Name Corporation)

Pursuant to Florida Statutes Sections 48.091 and  
607.0501, the following is submitted:

The above corporation, desiring to organize under the  
laws of the State of Florida with its registered office  
as indicated in the Articles of Incorporation

At: V & A REHABILITATION CENTER, INC.  
4188 FAITH STREET  
WEST PALM BEACH, FL. 33406

Has named VLADIMIR LOPEZ

Located at the aforesaid address, as its Registered  
Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service  
of process for the above stated corporation at the  
place designated in this certificate, and being  
familiar with the obligations of that position, I  
hereby accept to act in this capacity, and agree to  
comply with the provisions of Florida Law in keeping  
open said office.

  
\_\_\_\_\_  
(REGISTERED AGENT)

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