

PO4 000 147315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: Accident + Emergency Rehab Center, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

EIN 1213750

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: Dr. Leon Walsh  
Name (Printed or typed)

P.O. Box 1608  
Address

Enton Park FLA 33840-1608  
City, State & Zip

(863) 603-7246  
Daytime Telephone number

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TALLAHASSEE, FLORIDA

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

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

Fal Tax ID #  
EIN 57-1213750

## ARTICLE I NAME

The name of the corporation shall be:

Accident + Injury Rehab. Center, Lakeland Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 1608  
Eaton Park, FLA. 33840-1608

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Health Care

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Leon Walsh  
~~1105~~ 1105 Cypress Gardens Blvd.  
Unit #11  
Winter Haven, FLA 33880

## ARTICLE VI REGISTERED AGENT

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

Leon Walsh  
1105 Cypress Gardens Blvd. Unit 11  
Winter Haven, FLA 33880

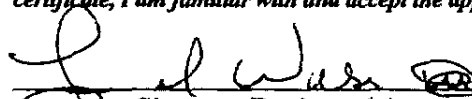
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

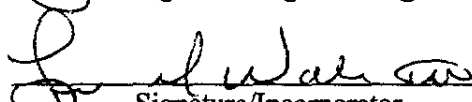
Leon Walsh  
1105 Cypress Gardens Blvd Unit 11  
Winter Haven FLA 33880

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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

20 Oct 04  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

20 Oct 04  
\_\_\_\_\_  
Date

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TALLAHASSEE, FLORIDA