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SECRETARY OF STATE
TALLAHASSEE, FL 32301

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✓

TRANSMITTAL LETTER

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

SUBJECT: Advanced Rehab & Medical Center, 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: MARTHA McALISTER
Name (Printed or typed)

4964 SW 135th Terrace
Address

MIRAMAR, FL 33027
City, State & Zip

(805) 829-0464
Daytime Telephone number

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)

ARTICLE I NAME

The name of the corporation shall be:

Advanced Rehab & Medical Center, Corp

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4964 SW 135 TERRACE

MIRAMAR FL. 33027

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Rehab & Medical Services

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):

MARTHA McALISTEN President & Treasurer 50%

4964 SW 135 TERRACE, MIRAMAR, FL. 33027

MARTA MARTINEZ, V. President & Secretary 50%

4964 SW. 135 TERRACE, MIRAMAR, FL. 33027

ARTICLE VI REGISTERED AGENT

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

MARTHA McALISTEN

4964 SW 135 TERRACE

MIRAMAR FL. 33027

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MARTHA McALISTEN

4964 SW 135 TERRACE

MIRAMAR FL. 33027

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

FILED
NOV - 8 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA