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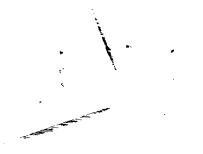
SCREPTER DE 3 OF

## TRANSMITTAL LETTER

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

SUBJECT:	A Vance Reh	obilitation ( ATENAME-MUSTINCE	Centr Incorporate
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	i a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	Richard H Name 1837 But	e (Printed or typed)  Address	
	70110 har		08

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





## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

RECEIVED

05 JAN -3 AM 10: 33

PARIMENT OF STATE YEAR OF CHRECKATER TALLAHASSEF FLOPEIA

December 29, 2004

RICHARD HOPSON 1837 BUFORD COURT TALLAHASSEE, FL 32308

SUBJECT: ADVANCE REHABILITATION CENTER INCORPORATED

Ref. Number: W04000047414

The rapy

We have received your document for ADVANCE REHABILITATION CENTER INCORPORATED. However, the document has not been filed and is being returned for the following:

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.

The document number of the name conflict is P00000068373.

An effective date  $\underline{may}$  be added to the Articles of Incorporation if a 2005 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

> 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) 245-6934.

Loria Poole Document Specialist New Filings Section

Letter Number: 604A00071915

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		FINCORPO		(a: ¬a «¬			
			and/or Chapter		( FEB		
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4	Advan	ca Reh	abilitation	in Cent	r The		
	TICLE II	PRINCIPAL	OFFICE illing address is:			SECRETAL LLAHASS	
THC )	1837	Burand	Count			ASSE ASSE	
ART	Ta()a FICLE III	hastee, PURPOSE	FL 3230	38			'n
The	purpose for w	hich the corpor	ation is organiz	red is:	buri ness	an+60	~i red
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	2155 T 11	Portmo	uth Circ	.1-e. 2 [ 1			
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	ICLE VI		ress (P.O. Box 1		e) of the register	red agent is:	
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			FC 723	i i i			
		INCORPOR ress of the Inco	rporator is:				
	Ric	had P.	Hapren mouth Ci	rele			
****			**********		******	******	*****
Havin certific	g been named as cate, I am familla	registered agent r with and accept	to accept service o the appointment a	f process for the a s registered agent o	ibove stated corpo and agree to act in	ration at the place of this capacity	designated in this
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	Signatur	e/Incorporator	dak	-for A	micles	1/01/2	2005
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