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JAN 11 2005

05 JAN -6 PM 1:58

~~6004-46422~~

TH 1/6/05

## TRANSMITTAL LETTER

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

SUBJECT: SOUTH BROWARD REHAB. MEDICAL CENTER OF FLA., INC.  
(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  
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: SOUTH BROWARD REHAB. MEDICAL CENTER OF FLA., INC.  
Name (Printed or typed)

4121 NW 5TH STREET / STE 101  
Address

PLANTATION, FLORIDA 33317  
City, State & Zip

(954) 321-8449 OR 954-791-5563  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

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05 JAN -6 AM 8:51

December 20, 2004

SOUTH BROWARD REHAB & MEDICAL CENTER OF FLA., INC.  
4121 NW 5TH ST  
STE 101  
PLANTATION, FL 33317

SUBJECT: SOUTH BROWARD REHAB & MEDICAL CENTER OF FLA., INC.  
Ref. Number: W04000046422

We have received your document for SOUTH BROWARD REHAB & MEDICAL CENTER OF FLA., INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document must state the number of shares of authorized stock.

An effective date 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) 245-6855.

Tammy Hampton  
Document Specialist  
New Filings Section

Letter Number: 704A00070637

**ARTICLES OF INCORPORATION**

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

05 JAN -6 PM 1:58

**ARTICLE I NAME**

The name of the corporation shall be:

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*South Broward Rehab + Medical Centers of South FLA., Inc.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

*4/21 NW 5<sup>th</sup> STREET / STE 101 PLANTATION, FL 33317* <sup>PRINCIPAL PLACE OF BUSINESS</sup>  
*P.O. Box 120656, FT. LAUDERDALE, FL 33312* (MAILING ADDRESS)

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*To provide Chiropractic and healthcare management services.*

**ARTICLE IV SHARES**

The number of shares of stock is: *Authorized stock 500*

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

*O/quine Mode = Director*

**ARTICLE VI REGISTERED AGENT**

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

*O/quine Mode*  
*4/21 NW 5<sup>th</sup> street / ste 101*  
*Plantation, FL 33317*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*O/quine Mode*  
*4/21 NW 5<sup>th</sup> street / ste 101*  
*Plantation, FL 33317*

\*\*\*\*\*  
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]*  
\_\_\_\_\_  
Signature/Registered Agent

*12/14/04*  
\_\_\_\_\_  
Date

*[Signature]*  
\_\_\_\_\_  
Signature/Incorporator

*12/14/04*  
\_\_\_\_\_  
Date