

POS0000020383

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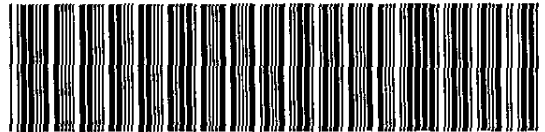
(Business Entity Name)

(Document Number)

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RECEIVED
DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

05 FEB -3 PM 3:40

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 FEB -8 AM 10:28

W05-6008

600 219

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. NEW CONCEPT REHABILITATION CENTER
(Corporation Name) (Document #)

2. _____ INC.
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

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☐ Photocopy

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NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

February 4, 2005

LAZARUS

SUBJECT: NEW CONCEPT REHABILITACION CENTER, INC.
Ref. Number: W05000006008

We have received your document for NEW CONCEPT REHABILITACION CENTER, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

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) 245-6931.

Becky McKnight
Document Specialist
New Filings Section

Letter Number: 705A00008157

ARTICLES OF INCORPORATION
OF
NEW CONCEPT REHABILITATION CENTER, INC.

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
05 FEB - 8 AM 10:28

ARTICLE I

THE NAME OF THE CORPORATION IS:

NEW CONCEPT REHABILITATION CENTER, INC.

ARTICLE II

THE CORPORATION MAY ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE III

THE MAXIMUM NUMBER OF SHARES OF CAPITAL STOCK THAT THE CORPORATION IS AUTHORIZED TO ISSUE IS 500 SHARES AT \$1.00 PER VALUE.

ARTICLE IV

THE AMOUNT OF CAPITAL WITH WHICH THE CORPORATION WILL BEGIN BUSINESS IS THE SUM OF \$500.00

ARTICLE V

THE CORPORATION SHALL HAVE PERPETUAL EXISTENCE UNLESS SOONER DISSOLVED ACCORDING TO LAW, AND ITS EXISTENCE SHALL COMMENCE UPON FILING.

ARTICLE VI

THE STREET ADDRESS IS THE PRINCIPAL OFFICE OF THE -- CORPORATION IN THIS STATE SHALL BE:

7191 S.W. 8TH STREET - MIAMI, FL 33144

ARTICLE VII

THE NAME(S) AND STREET ADDRESS(ES) OF THE PERSON SIGNING THESE ARTICLES ARE:

CHARLES PEREZ JR.
7191 S.W. 8TH STREET - MIAMI FL 33144

ARTICLE VIII

THE CORPORATION SHALL HAVE A BOARD OF DIRECTORS CONSISTING OF NOT LESS THAN TWO OR MORE THAN SIX DIRECTORS. THE INITIAL BOARD OF DIRECTORS SHALL CONSIST OF TWO DIRECTORS WHOSE NAME AND ADDRESS ARE AS FOLLOWS:

CHARLES PEREZ JR. - PRESIDENT 7191 SW 8 TS. MIAMI, FL 33144

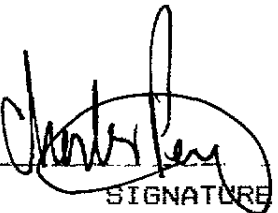
ARTICLE IX

THE STREET ADDRESS OF THE INITIAL REGISTERED OFFICE, AND
THE NAME OF THE INITIAL REGISTERED AGENT AT THAT ADDRESS
SHALL BE:

CHARLES PEREZ JR.
7191 S.W. 8TH STREET, MIAMI, FL 33144

THE UNDERSIGNED HAS (HAVE) EXECUTED THESE ARTICLES OF
INCORPORATION THIS TWENTY DAYS OF JANUARY OF 2005.

CHARLES PEREZ JR.



SIGNATURE

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized -- under the laws of the State of Florida, submits the following statement in designating the registered office/registered -- agent, in the State of Florida.

1. The name of the corporation is:

NEW CONCEPT REHABILITATION CENTER, INC.

2. The name and address of the registered agent and office is

CHARLES PEREZ JR.

NAME

7191 S.W. 8TH STREET

MIAMI, FL 33144

(CITY/STATE/ZIP)

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HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS, OF MY POSITION AS REGISTERED AGENT.

SIGNATURE 

DATE: JANUARY 20, 2005