

705000023605



(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

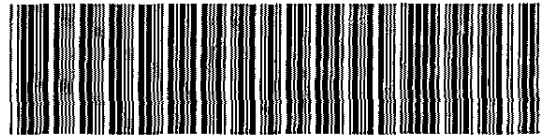
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600046124086

02/14/05--01072--014 **78.75

RECEIVED
05 FEB 14 AM 11:19
STATE
DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

05 FEB 14 PM 4:46

js
2-17

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. CENTRAL WEST THERAPY & REHAB INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:06

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

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

FILED
OFFICE IN PM 1:46

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:

CENTRAL WEST THERAPY & REHAB INC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS / MAILING ADDRESS IS:

10901 ARBOR RIDGE DR

TAMPA, FLORIDA 33624

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED IS:

**THIS CORPORATION MAY ENGAGE IN ANY AND LAWFUL
BUSINESS IN THE MEDICAL INDUSTRY PERMITTED UNDER
THE LAWS OF THE USA, THE STATE OF FLORIDA OR ANY OTHER
STATE, COUNTRY, TERRITORY OR NATION.**

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCKS IS:

100 – SHARES OF \$ 10.00

ARTICLE V INITIAL OFFICERS / DIRECTORS

THE NAME (S) AND ADDRESS (ES):

JORGE LUIS GARCES CORONA (p)

10901 ARBOR RIDGE DR

TAMPA, FLORIDA 33624

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05 FEB 16 PM 1:16

BORIS A. GONZALEZ (VP)
18310 TOMLINSON DR
LUTZ, FLORIDA 33549

ARTICLE VI REGISTERED AGENT

The name and Florida Street address of the registered agent is:

BORIS A GONZALEZ
18310 TOMLINSON DR
LUTZ, FLORIDA 33549


ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:


JORGE LUIS GARCES CORONA
10901 ARBOR RIDGE DR
TAMPA, FLORIDA 33624A

.....
Having been named as registered agent to accept services 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

03 FEB 14 PM 1:45

FILED