

PD5000026603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

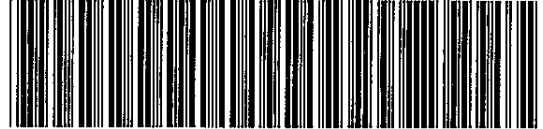
(Document Number)

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D. WHITE FEB 22 2005



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02/21/05--01055--008 **78.75

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2005 FEB 21 A 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

05 FEB 21 AM 11:31

CLERK OF STATE
TALLAHASSEE, FLORIDA

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. REHABILITATION HEALTH CENTER, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ 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

**CERTIFICATE OF INCORPORATION
OF
REHABILITATION HEALTH CENTER, INC.**

FILED

2005 FEB 21 A 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We, the undersigned, hereby associate ourselves together for the purpose of becoming a corporation under the laws of the State of Florida. Providing for the formation, rights, privileges, immunities and liabilities of Incorporation for profit.

ARTICLE I

The name of the corporation should be:

REHABILITATION HEALTH CENTER, INC.

ARTICLE II

The corporation will engage in any activity or business permitted under the laws of the State of Florida and the United States of America.

ARTICLE III

The maximum number of shares which the corporation is authorize to issue and have outstanding at any one time is 100 shares of common stock, which shares shall be of no par value. All stock is to be issued as fully paid and exempt from assessment.

ARTICLE IV

The pledge, sale, transfer or other disposition of the capital stock may be governed and restricted by the by-laws or written agreement among the stockholders which shall be on file in the office of the corporation.

ARTICLE V

The amount of capital with which its corporation may begin doing business shall be not less than five hundred dollars (\$500.00).

ARTICLE VI

The existence of the corporation is perpetual.

ARTICLE VII

The initial post office address of the principal office of corporation in the State of Florida is : **1800 SW 27 AVE SUITE 609, MIAMI, FLORIDA 33145.**

The board of directors may from time to time move the principal office to any other address in the State of Florida. The registered address of the corporation is: **1800 SW 27 AVE SUITE 609, MIAMI, FLORIDA 33145** and the registered agent at the address is **DAVID LEON JOHNSON.**

ARTICLE VIII

The business of the corporation shall be managed by a board of directors consisting of no less than one nor more than five directors. A quorum for the holding of a meeting of the board of directors and for the transactions of any business which will be properly done by the directors on behalf of the corporation shall consist of majority of members thereof; but the directors, by unanimous consent in writing, included among the minutes of the corporation, may consent to the doing of any act and such consent in writing shall have the same force and effect as though the said act had been done and authorized at a meeting at which a quorum had been present, or such duties may be delegated to an executive committee.

ARTICLE IX

The names and post office of the members of the first board of directors and the slate of corporate officers are as follows:

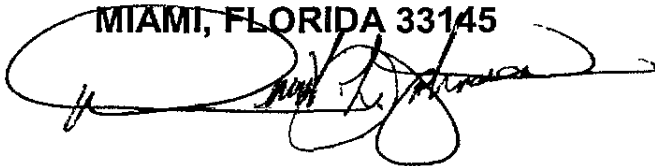
DAVID LEON JOHNSON
PRESIDENT

1800 SW 27 AVE SUITE 609
MIAMI, FLORIDA 33145

Stock of the corporation may be issued pursuant to the Provisions of section 1244 of the Internal Revenue Service Code, so that the stockholders of the Corporation may receive the benefits provided thereunder.

In witness whereof, we have hereunto set our hands and Seals this February 9TH 2005

DAVID LEON JOHNSON
1800 SW 27 AVE SUITE 609
MIAMI, FLORIDA 33145

A handwritten signature in black ink, appearing to read "David Leon Johnson", is written over the printed name and address. The signature is stylized with a large, looping initial "D" and a long horizontal stroke extending to the right.

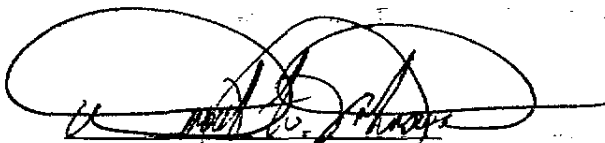
CERTIFICATE DESIGNATING PLACE OF BUSINESS OR
DOMICILE FOR THE SERVICE OF PROCESS WITHIN

FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY 2005 FEB 21 A 10:46
BE SERVED.

Pursuant to the provisions of the section 607.0501, Florida
Statutes, the undersigned corporation, organized under the
Laws of the State of Florida.

the name of the corporation is: **REHABILITATION HEALTH
CENTER, INC.** with its principal place of business at City of Miami,
State of Florida has named **DAVID LEON JOHNSON**
located at **1800 SW 27 AVE SUITE 609, MIAMI, FLORIDA 33145.**
as agent to accept process in State of Florida County of **Miami-
Dade.**

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.



DAVID LEON JOHNSON
REGISTERED AGENT