

P05000107297

(Requestor's Name)

LAW OFFICES OF DALE L. BERNSTEIN
7637 STATE ROAD 52
BAYONET POINT, FLORIDA 34667

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

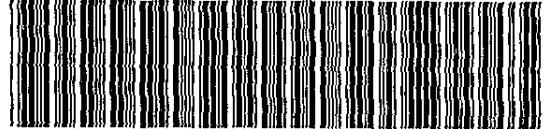
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Hampton AUG 02 2005

**LAW OFFICES OF DALE L. BERNSTEIN
ATTORNEYS AT LAW**

PLEASE REPLY TO MAIN OFFICE:

7637 STATE ROAD 52
BAYONET POINT, FLORIDA 34667

TELEPHONE: (727) 862-4411
FACSIMILE: (727) 862-5152

BRANCH OFFICE:

4317 CALIENTA STREET
HERNANDO BEACH, FLORIDA 34607
(352) 688-5297

July 26, 2005

Secretary of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RE: Solutions Health and Rehab Education, Inc.

Gentlemen:

Enclosed herewith please find the original and one (1) copy of the Articles of Incorporation and Certificate of Designation of Registered Agent/Registered Office with regard to the above captioned matter. Please file the same and return a file-stamped copy to the undersigned. We are enclosing a check in the amount of \$78.75 for filing fees.

Should you have any questions, please do not hesitate to contact me.

Very Truly Yours,



DALE L. BERNSTEIN, ESQ.

DLB/rb
Enclosures

ARTICLE I NAME

The name of this Corporation shall be:

SOLUTIONS HEALTH AND REHAB EDUCATION, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

9100 Gray Fox
Port Richey, FL 34668

ARTICLE III CAPITAL STOCK

The number of shares that this corporation is authorized
to have outstanding at any one time is:

One Hundred (100) Shares

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

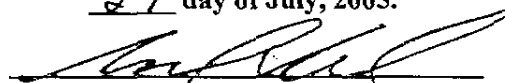
SANDRA HEATH
9100 Gray Fox
Port Richey, FL 34668

ARTICLE V INCORPORATOR

The name and street address of the incorporator to these
Articles of Incorporation is:

SANDRA HEATH
9100 Gray Fox
Port Richey, FL 34668

The undersigned has executed these Articles of Incorporation this
27 day of July, 2005.


SANDRA HEATH /Incorporator

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, 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:

SOLUTIONS HEALTH AND REHAB EDUCATION, INC.

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

**SANDRA HEATH
9100 GRAY FOX
PORT RICHEY, FLORIDA 34668**


SANDRA HEATH

07/27/05
(date)

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.


SANDRA HEATH

07/27/05
(date)