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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

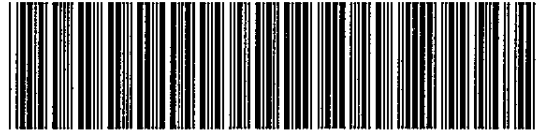
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Holding For check

10-6224

## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
2661 Executive Venter Circle  
Tallahassee, Florida 32301

Subject South Florida Neurosurgery and Rehab Inc.

Enclosed is an original and three (3) copies 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

(ADDITIONAL COPY REQUIRED)

FROM: Nellie Akalp  
Name

30141 Agoura Rd., Suite 205,  
Address

Agoura Hills, California 91301  
City, State & Zip

818-879-9079  
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles. Provide TWO copies if you have requested a certified copy as designated in the boxes above.

ARTICLES OF INCORPORATION  
OF  
South Florida Neurosurgery and Rehab Inc.

*The undersigned incorporator, for the purpose of forming a corporation under the Florida business Corporation Act, hereby adopts the following articles of incorporation.*

**ARTICLE I      NAME**

The name of the Corporation shall be: South Florida Neurosurgery and Rehab Inc.

**ARTICLE II      PRINCIPAL OFFICE**

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

16800 NW 2nd Avenue, Suite 308  
North Miami Beach, Florida 33169

**ARTICLE III      SHARES**

The number of shares that this corporation is authorized to have outstanding at any one time is: 1,500 at \$0.01 par value per share.

**ARTICLE IV      OFFICERS/INITIAL DIRECTORS**

The name(s) and address(s) of the Officers/initial Director(s) is/are:

**Officers:**

**President:** Anthony Hall

**Vice President:** Andrew Sands

**Treasurer:** Robert Rudolph

**Secretary:** Andrew Sands

**Directors:**

Anthony Hall  
16800 NW 2nd Avenue, Suite 308  
North Miami Beach, Florida 33169

Robert Rudolph  
16800 NW 2nd Avenue, Suite 308  
North Miami Beach, Florida 33169

Andrew Sands  
16800 NW 2nd Avenue, Suite 308  
North Miami Beach, Florida 33169

**ARTICLE V      INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address of the initial registered agent is:

Anthony Hall  
16800 NW 2nd Ave., Suite 308  
North Miami Beach, Florida 33169

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TALLAHASSEE, FLORIDA

ARTICLE VI      INCORPORATOR

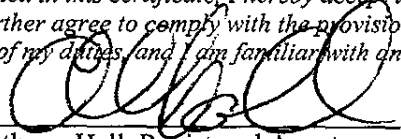
The name and address of the incorporator to these Articles of Incorporation is:

Nellie Akalp  
30141 Agoura Rd., Suite 205  
Agoura Hills, California 91301

  
\_\_\_\_\_  
Nellie Akalp, Incorporator

  
\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Anthony Hall, Registered Agent

  
\_\_\_\_\_  
Date