# P06000052225

	(Requestor's Name)			
	(Address)			
<del></del>	(Address)			
	(City/State/Zip/Phone #)			
PICI	(-UP WAIT [	MAIL		
	(Business Entity Name)			
	(Document Number)			
Certified Copies	Certificates of St	atus		
Special Instructions to Filing Officer:				
		1		
		1		

Office Use Only



100069259771

04/11/06--01026--019 \*\*78.75



RECEIVED

06 APR 11 PM 12: 27

CA.4-1

# LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MAIM	, FL 33165 (305) 5	52-5973			
				Office Use Only	• .
CORPO	RATION NAME(S) & DO	CUMENT NUM	BER(S), (if k	nown):	:
1. PA	CIFIC HEAD				(C-
	(Corporation Name)		ocument #)	·····	Mina.
2.					
<i>L</i>	(Corporation Name)	(1	Occument #)		
	•				
3	(Corporation Name)		Document #)		
	,		-	•;	
4		· · · · · · · · · · · · · · · · · · ·			
ı	(Corporation Name)	·	Document #)	• •	
Q w	alk in Pick up time	2.00		Certified Copy	
□м	ail out	Photoc	opy .	Certificate of Status	
NEW I	PILINGS	AMEND	MENTS		
Pro					
	t for Profit		ndment mation of R.A	., Officer/Director	
Lin	nited Liability	Chan	ge of Register	ed Agent	
	mestication	Disso Merg	olution/Withdr er	awal	
0		•	•		
OTHE	R FILINGS	REGIST	RATION/QU.	ALIFICATION -	
	nual Report	Forei			
Fic	titious Name		ted Partnershir statement	)	·: ,
<u>!</u>		_	emark		
		Other	r		
CR2E031(7/	97)			Examiner's Initials	<u> </u>

FILED

ARTICLES OF INCORPORATION SECRETARY OF STATE

The undersigned Incorporator(s), for the purpose of forming at, FLORIDA corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I - NAME

The name of the corporation shall be:

Pacific Health Rehabilitation inc.

## ARTICLE II - PRINCIPAL OFFICE

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

1140 W 50st suto 402

Healean FL 33012

# **ARTICLE III - SHARES**

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

100

# **ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

MADAY fernández

8165W 18LN RD

Healean th

33014

FILED

06 APR 11 AN II: 21

SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### ARTICLE V - INCORPORATOR

1	f the incorporator to these Articles of
Incorporation is:	
MADAY Fernandez	8165W 18 LNRD Healeah FL 33014
1 ' 3	Healeah Ph 33014
The undersigned incorporator	has executed these Articles of
Incorporation this day of	200 <b>6.</b>
H	Alez_
S	ignature

## **ARTICLE VI- DIRECTOR (S)**

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

MADAY forman dez (Presidente)

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature