

PO6000078258

2006 JUN -1 P 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

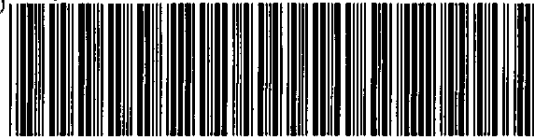
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

LOS-82465
8-22-05
ALV

Office Use Only



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06/01/06--01038--025 **105.00

COVER LETTER

FILED

TO: Registration Section
Division of Corporations

2005 JUN -1 P 4: 01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Advanced Rehab Center, Inc.
(Name of Resulting Florida Profit Corporation)

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Ehab Boulos

(Contact Person)

(Firm/Company)

4401 S. Hopkins Ave.

(Address)

Titusville, FL 32780

(City, State and Zip Code)

For further information concerning this matter, please call:

Ehab Boulos

(Name of Contact Person)

at (321) 749-6627

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$105.00 Filing Fees

☐ \$113.75 Filing Fees
and Certificate of
Status

☐ \$113.75 Filing Fees
and Certified Copy

☐ \$122.50 Filing Fees,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

FILED
2006 JUN -1 P 4: 01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

Advanced Rehab Center, LLC

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a Limited Liability Company
(Enter entity type. Example: limited liability company, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of Florida
(Enter state, or if a non-U.S. entity, the name of the country)

on August 22, 2005
(Enter date "Other Business Entity" was first organized, formed or incorporated)

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

Advanced Rehab Center, Inc.

(Enter Name of Florida Profit Corporation)

FILED

5. If not effective on the date of filing, enter the effective date: August 22, 2005
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

Signed this 8 day of May, 2006.

Signature: Ehab Boulos
(Must be signed by a Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator.)

Printed Name: Ehab Boulos Title: President

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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:

Advanced Rehab Center, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4401 S. Hopkins Ave.
Titusville, FL 32780

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and All Lawful Business

ARTICLE IV SHARES

The number of shares of stock is:

1000 shares * \$.1 = \$100.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Ehab Boulos, President
2305 Foliage Oak Ter.
Oviedo, FL 32766

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Ehab S. Azer
1670 Canoe Creek Rd.
Oviedo, FL 32766

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2006 JUN -1 P 4: 01

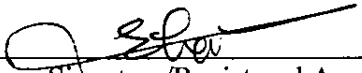
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Ehab Boulos
2305 Foliage Oak Ter.
Oviedo, FL 32766

Having been named as registered agent to accept service 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



Signature/Incorporator

05/08/06

Date

05/08/06

Date

203343942 CN 00 000000 200543 5925

7303 277



R03125

Department of the Treasury
Internal Revenue Service

P O BOX 249
MEMPHIS TN

38101-0249

SBV

Date of this notice: NOV. 7, 2005

Number of this notice: 277

Taxpayer Identification Number: 20-3343942

Form:

Tax Period:

For assistance you may call us at:

1-800-829-0115

ADVANCED REHAB CENTER LLC
BOULOS EHAB SOLE MBR
2305 FOLIAGE OAK TER
OVIEDO FL 32766-7022050

WE HAVE APPROVED YOUR FORM 8832, ENTITY CLASSIFICATION ELECTION

WE HAVE APPROVED YOUR ELECTION AS A DOMESTIC ELIGIBLE ENTITY TO BE CLASSIFIED AS AN ASSOCIATION TAXABLE AS A CORPORATION. THE EFFECTIVE DATE OF THIS ELECTION IS AUG. 22, 2005.

If you have any questions about this notice, please call us at the number shown above. If you prefer you can write us. If you write, please include the bottom part of this notice. Please provide your telephone number and the best time for us to call if we need to reach you.

Thank you for your cooperation.

Keep this part for your records

Return this part to us with inquiry

Your telephone number

Best time to call

SB

CP-277

Taxpayer Identification Number: 20-3343942

Internal Revenue Service

P O BOX 249
MEMPHIS TN

38101-0249



ADVANCED REHAB CENTER LLC

BOULOS EHAB SOLE MBR
2305 FOLIAGE OAK TER

OVIEDO FL 32766-7022050

203343942 CN 00 000000
200552 R15707

5925

29953-756-04126-5 106493 261
SB V



Department of the Treasury
Internal Revenue Service

P O BOX 249
MEMPHIS TN 38101-0249

Date of this notice: JAN. 9, 2006
Taxpayer Identifying Number: 20-3343942
Form: Tax Period:

For assistance you may
call us at:

1-800-829-0115

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ADVANCED REHAB CENTER LLC
BOULOS EHAB SOLE MBR
4401 S HOPKINS AVE
TITUSVILLE FL 32780-6679994

014024

NOTICE OF ACCEPTANCE AS AN S CORPORATION

WE HAVE ACCEPTED YOUR ELECTION TO BE TREATED AS AN S CORPORATION WITH AN ACCOUNTING PERIOD OF DECEMBER BEGINNING SEP. 19, 2005.

WE WOULD ALSO LIKE TO TAKE THIS OPPORTUNITY TO INFORM YOU OF YOUR TAX OBLIGATIONS RELATED TO THE PAYMENT OF COMPENSATION TO SHAREHOLDER-EMPLOYEES OF S CORPORATIONS.

WHEN A SHAREHOLDER-EMPLOYEE OF AN S CORPORATION PROVIDES SERVICES TO THE S CORPORATION, REASONABLE COMPENSATION GENERALLY NEEDS TO BE PAID. THIS COMPENSATION IS SUBJECT TO EMPLOYMENT TAXES.

TAX PRACTITIONERS AND SUBCHAPTER S SHAREHOLDERS NEED TO BE AWARE THAT REVENUE RULING 74-44 STATES THAT THE INTERNAL REVENUE SERVICE (IRS) WILL RE-CHARACTERIZE SMALL BUSINESS CORPORATION DIVIDENDS PAID TO SHAREHOLDERS AS SALARY WHEN SUCH DIVIDENDS ARE PAID TO THE SHAREHOLDERS IN LIEU OF REASONABLE COMPENSATION FOR SERVICES.

THE IRS MAY ALSO RE-CHARACTERIZE DISTRIBUTIONS OTHER THAN DIVIDEND DISTRIBUTIONS AS SALARY. THIS POSITION HAS BEEN SUPPORTED IN SEVERAL RECENT COURT DECISIONS.

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR THE ACTION WE HAVE TAKEN, PLEASE CALL US AT THE TELEPHONE NUMBER LISTED ABOVE. IF YOU PREFER, YOU MAY WRITE TO US AT THE ADDRESS SHOWN AT THE TOP OF THIS NOTICE. IF YOU WRITE TO US, PLEASE PROVIDE YOUR TELEPHONE NUMBER AND THE MOST CONVENIENT TIME FOR US TO CALL SO WE CAN RESOLVE YOUR INQUIRY. PLEASE RETURN THE BOTTOM PART OF THIS NOTICE TO HELP US IDENTIFY YOUR CASE.

RETURN THIS PART TO US WITH YOUR CHECK OR INQUIRY
YOUR TELEPHONE NUMBER BEST TIME TO CALL
()

200552

29953-756-04126-5

INTERNAL REVENUE SERVICE
P O BOX 249
MEMPHIS TN 38101-0249

ADVANCED REHAB CENTER LLC
BOULOS EHAB SOLE MBR
4401 S HOPKINS AVE
TITUSVILLE FL 32780-6679994



261
SB