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## Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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## FLORIDA PROFIT/NON PROFIT CORPORATION

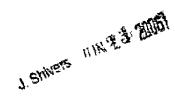
North Florida Rehab 1 Inc.

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#### ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a 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:

## North Florida Rehab 1 Inc.

ARTICLE II PRINCIPAL OFFICE

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

North Florida Rehab 1 Inc.

211 SW Friendship Way Lake City, FL 32024 O6 JUN 22 AM IO: 16
SECRETARY OF STATE
TALLABASSEE, FLURIDA

#### ARTICLE III SHARES

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

1,500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

Calvin Pryor 211 SW Friendship Way Lake City, FL 32024

Prepared By:
Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940

### ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

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

Glenn Richter-211 SW Friendship Way, Lake City, FL 32024- President/Director Calvin Pryor-211 SW Friendship Way, Lake City, FL 32024- Vice President/Director

#### ARTICLES VI INCORPORATOR(S)

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

Glenn Richter- 211 SW Friendship Way, Lake City, FL 32024 Calvin Pryor- 211 SW Friendship Way, Lake City, FL 32024

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

Glenn Richter - Signature

22nd day of June 2006.

Calvin Pryor - Signature

# CERTIFICATE OF DESIGNATION OF 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 THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	North Florida Rehab 1 Inc.	<u></u>		
2. The name and address of the registe	red agent and office is:			
	Calvin Pryor			
	Name	_ 1¥2 13	90	
	211 SW Friendship Way	ECR LA	- 6 - 5-	
	(P.O. Box or Mail Drop Box NOT Acceptable)	ETA!	N 22	1
	Lake City, FL 32024	SET Y		
	(City / State / Zip)	); S	AMI	
		SAT TAT	<u>.</u>	
corporation at the place designated agent and agree to act in this capac	gent and to accept service of process for the above stated in this certificate, I hereby accept the appointment as regity. I further agree to comply with the provisions of all the performance of my duties, and am familiar with and accept agent.	gistered ie statute	s	
0	June 22, 2006			
Calvin Pryor	(Date)			
SIGNATURE				