P06000126300

(Requestor's Name)				
(Ad	(Address)			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
	_			
Special Instructions to Filing Officer:				
		;		

Office Use Only



200079801372

10/02/06--01015--025 **78.75

RECEIVED

06 OCT -2 AM II: 16

OFFICE CORPORATION

OFFICE CORPORATION

FILED

06 OCT -2 PN 12: 58

SECRETARY OF STATE
SECRETARY OF STATE

c.8.10-3

LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-597	73
	Office Use Only
CORPORATION NAME(S) & DOCUME!	NT NUMBER(S), (if known):
1. VIDAL REHABILITAT.	ION CENTER, INC.
(Corporation Name)	(Document #)
2	
(Corporation Name)	(Document #)
3.	
(Corporation Name)	(Document #)
4.	* . *,
(Corporation Name)	(Document #)
Walk in Pick up time 2	· 05 Certified Copy
☐ Mail out ☐ Will wait	Photocopy
NEW FILINGS	AMENDMENTS
Profit	☐ Amendment
Not for Profit	Resignation of R.A., Officer/Director
Limited Liability Domestication	Change of Registered Agent Dissolution/Withdrawal
Other	Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report	☐ Foreign
☐ Fictitious Name	Limited Partnership
	Reinstatement Trademark
	Other
CR2E031(7/97)	Examiner's Initials

ARTICLES OF INCORPORATION OF VIDAL REHABILITATION CENTER, INC.

THE UNDERSIGNED, ACTING AS INCORPORATOR OF A CORPORATION UNDER THE FLORIDA GENERAL CORPORATION ACT, ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION:

ARTICLE I

The name and address of the corporation:

VIDAL REHABILITATION CENTER, INC. 829 NW 9 STREET CAPE CORAL, FL 33909

ARTICLE II

The period of this duration is perpetual.

ARTICLE III

The date and time of the commencement of the corporate existence shall be the date of the filing of the these Articles by the Department of State.

ARTICLE IV

The purpose(s) for which the corporation is organized is to engage in the transaction of any or all-Lawful business for which the corporation may be incorporated under the Florida General Corporation Act.

ARTICLE V

The aggregate number of shares, with corporation shall have authority to issue, is one hundred (100) shares of capital stock, \$ 1.00 par value.

ARTICLE VI

The number of directors constituting the initial Board of Directors of the corporation are one (1) and the names and addresses of the person(s) who are to serve as director(s) until the first annual meeting of shareholders or until the successors are elected and qualified are:

D/P: WILLIAM A. HALL

829 NE 9 STREET CAPE CORAL, FL, 33909

ARTICLE VII

The shares of Capital stock of this corporation shall be issued to the following person(s):

Name		Address	Shares
D/P:	WILLIAM A. HALL	829 NE 9 STREET, CAPE CORAL, FL, 33909	100%

ARTICLE VIII

The name and address of the incorporator and the address of the principal office is:

WILLIAM A. HALL 829 NE 29 STREET CAPE CORAL, FL 33909

ARTICLE IX

The name and address of the initial registered agent is:

WILLIAM A. HALL 829 NE 29 STREET CAPE CORAL, FL 33909

Incorporator

Date: September 28, 2006

Initial Registered Agent

STATE OF FLORIDA **COUNTY OF MIAMI-DADE**

The foregoing instrument was acknowledge before me this September 28, 2006, by William A. Hall, the incorporator, who is personally known to me and who did take

an oath?

Patricia Mena Notary Public State of Florida at Large

PATRICIA MENA MY COMMISSION # DD 263490 EXPIRES: November 2, 2007 Bonded Thru Notary Public Underwriters

My commission Expires:

CERTIFICATE OF DESIGNATION-REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Status, 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: VIDAL REHABILITATION CENTER, INC.
- 2. The name and address of the registered office is:

WILLIAM A. HALL **829 NE 9 STREET** CAPE CORAL, FL 33909

Signature:

INCORPORATOR Title: Date: September 28, 2006

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNETED IN THIS CERTIFICATED, I HEREBY AGREE ACT IN THIS CAPASITY, AND I FUTHER AGREE TO COMPLY WITH THE PROVISINOS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLERE PERFORMANCE OF MY DUTIES, AND LACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA, STATUTES.

Signature:

Title: Registered Agent

Date: September 28, 2006

