

PO6000139915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

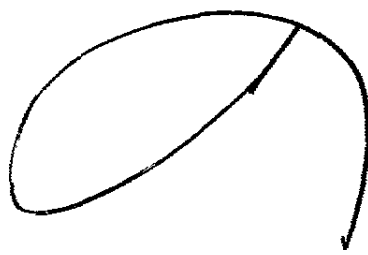
(Document Number)

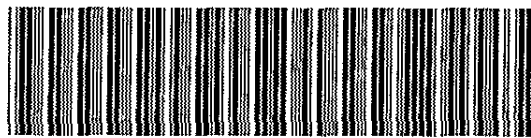
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

~~W06-45979~~

Office Use Only

 11/6



000080803500

10/19/06--01016--004 **122.50

2006 NOV -6 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: EHAB REHAB, "INC" DBA / APEX PHYSICAL THERAPY
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: EHAB M. ABDELMALEK

Name (Printed or typed)

4558 SAN JUAN AVENUE SUITE # B

Address

JACKSONVILLE, FLORIDA 32210

City, State & Zip

904-389-2077

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 19, 2006

EHAB M. ABDELMALEK
4558 SAN JUAN AVENUE
SUITE B
JACKSONVILLE, FL 32210

SUBJECT: EHAB REHAB, "INC" D/B/A APEX PHYSICAL THERAPY
Ref. Number: W06000045979

RECEIVED

06 NOV -6 PM 3:01

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for EHAB REHAB, "INC" D/B/A APEX PHYSICAL THERAPY. However, the document has not been filed and is being returned for the following:

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing the enclosed application and submitting the appropriate fees to this office.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole
Document Specialist
New Filing Section

Letter Number: 806A00062374

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:

EHAB REHAB, "INC."

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4558 SAN JUAN AVENUE SUITE # B
JACKSONVILLE, FLORIDA 32210

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The undersigned incorporation (S) For the purpose of forming a corporation under the Florida Business Corporations Act, hereby adopt (S) the following articles of incorporation.

ARTICLE IV SHARES

The number of shares of stock is:

The number of shares of Stock that this corporation is authorized to have outstanding at any time is: 1000 shares.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Ehab M. Abdelmalek President
4558 San Juan Avenue, Suite # B
Jacksonville, Florida 32210

ARTICLE VI REGISTERED AGENT

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


Ehab M. Abdelmalek
4558 San Juan Avenue, Suite # B
Jacksonville, Florida 32210

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ehab M. Abdelmalek
4558 San Juan Avenue, Suite # B
Jacksonville, Florida 32210

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

FILED
2006 NOV -6 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10-17-06

Date

10-17-06

Date