

FD6000139944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

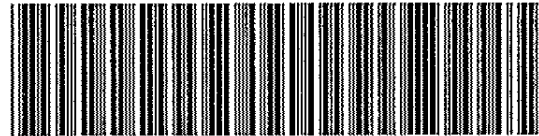
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06 NOV -6 PM 3:59
STATE
TALLAHASSEE, FLORIDA

MRP
11/6

COVER LETTER

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

**SUBJECT: NORTH DADE REHABILITATION AND
PHYSICAL THERAPY, INC**

Enclosed are an original and one(1) copy of the articles of incorporation and
a check for: **\$70.00 Filing Fee**

**From: Alexander Rios
12060 N.W. 7th Avenue
North Miami, FL 33168
Telephone: (305) 685-5444, (305) 687-9999 Fax**

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE 1- NAME

The name of the Corporation shall be:

NORTH DADE REHABILITATION AND PHYSICAL THERAPY, INC.

ARTICLE 2- PRINCIPAL OFFICE

The principal place of business/ mailing address is:

12060 N.W. 7th Ave.

Suite B

North Miami, FL 33168

ARTICLE 3 - PURPOSE

The purpose for which the corporation is organized is:

To provide Medical Services to the community

ARTICLE 4 - SHARES

The number of shares of stock is: 100

ARTICLE 5 - INITIAL OFFICERS AND/OR DIRECTORS

ALEXANDER RIOS

12060 N.W. 7th Avenue

North Miami, FL 33168

ARTICLE 6 - REGISTERED AGENT

ALEXANDER RIOS

12060 N.W. 7th Avenue

North Miami, FL 33168

ARTICLE 7 - INCORPORATOR

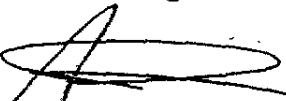
ALEXANDER RIOS

12060 N.W. 7th Avenue

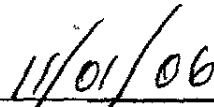
North Miami, FL 33168

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA


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



Date



Signature/Incorporator



Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA