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HOOVER YAP  
11712 EAGLE RAY LANE  
ORLANDO, FL. 32827

(Address)

(City/State/Zip/Phone #)

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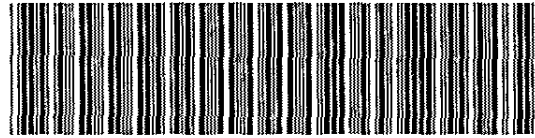
(Business Entity Name)

(Document Number)

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FILED  
07 JAN 29 AM 3:45  
SEC. OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**

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

FILED

07 JAN 29 AM 3:45

**ARTICLE I NAME**

The name of the corporation shall be:

HEALTH PARTNERS REHAB INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1695 LEE RD. UNIT D-103, WINTER PARK  
FL. 32789

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

1. HOME HEALTH THERAPY PROVIDER
2. TO CARRY ON ANY OTHER BUSINESS PERMITTED UNDER THE LAWS OF UNITED STATES AND STATE OF FLORIDA.

**ARTICLE IV SHARES**

The number of shares of stock is:

5000 SHARES

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

1. NEIL ROCK Y. PAZ - PRESIDENT, TREASURER  
1695 LEE ROAD UNIT D-103, WINTER PARK, FLORIDA  
32789

**ARTICLE VI REGISTERED AGENT**

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

NEIL ROCK Y. PAZ  
1695 LEE ROAD UNIT D-103, WINTER PARK, FL. 32789

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

NEIL ROCK Y PAZ  
1695 LEE ROAD UNIT D-103, WINTER PARK FL. 32789

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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

Neil Rock Y. Paz  
Signature/Registered Agent/Incorporator

1/29/07  
Date

Date