

PD7000057685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

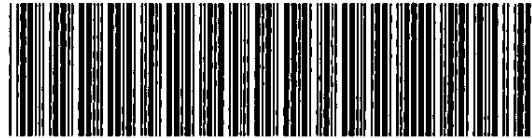
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FILED
2007 MAY 14 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: FUTURE MEDICAL REHABILITATION, INC.
(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: FUTURE MEDICAL REHABILITATION, INC.
Name (Printed or typed)

525 NW 27 AVENUE, SUITE 209
Address

MIAMI, FL. 33125
City, State & Zip

(786) 286-0285
Daytime Telephone number

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

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:

FUTURE MEDICAL REHABILITATION, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

525 NW 27 AVENUE, SUITE 209, MIAMI, FL. 33125.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Doctor's Office

ARTICLE IV SHARES

The number of shares of stock is:

500 shares to \$ 1.00 each

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Stephen Mark Lovell, 4527 Coronado Pkwy, Cape Coral, Fl. 33904.

ARTICLE VI REGISTERED AGENT

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

Stephen Mark Lovell, 4527 Coronado Pkwy, Cape Coral, Fl. 33904.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Stephen Mark Lovell, 4527 Coronado Pkwy, Cape Coral, Fl. 33904.

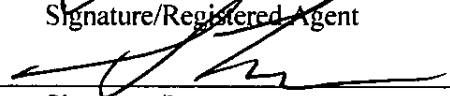
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

5-10-07

Date



Signature/Incorporator

5-10-07

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA