

PO7000070176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

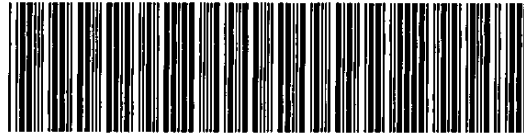
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07 JUN 15 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pa

COVER LETTER

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

SUBJECT: Advanced Rehab Specialties, 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: Regina Yvonne Curry

Name (Printed or typed)

7523 Frog Log Lane

Address

Leesburg, Florida 34748

City, State & Zip

352-223-8974

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:

ADVANCED REHAB SPECIALTIES, INC.

ARTICLE II PRINCIPLE OFFICE

The principle place of business/mailling address is:

**7523 Frog Log Lane
Leesburg, Fl. 34748**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide medical care to patients residing rehab facilities

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name, address and specific title:

**Regina Y. Curry Pres, V-Pres, Secretary, Treasurer
7523 Frog Log Lane
Leesburg, Fl. 34748**

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:


**Regina Y. Curry
7523 Frog Log Lane
Leesburg, Fl. 34748**

ARTICLE VII INCORPORATOR

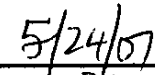
The name and address of the Incorporator is:

**Regina Y. Curry
7523 Frog Log Lane
Leesburg, Fl. 34748**

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