

10/11/2007

AM

PC

EL

RC

AX

FILE

OF

Division of Corporations

Page 1 of 1

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H07000251260 3)))



H070002512603ABCX

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
Fax Number : (516) 935-3088

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2007 OCT 10 A 11:06

FILED

FLORIDA PROFIT/NON PROFIT CORPORATION

South Tampa Injury & Rehab, P.A.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

10-11-07  
2007

H07000251260

## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

**South Tampa Injury & Rehab, P.A.**

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**South Tampa Injury & Rehab, P.A.  
3202 Henderson Boulevard, Suite 100  
Tampa, FL 33609**

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

**1,500 SHARES at No Par Value**

### ARTICLE IV PURPOSE

The purpose for which this corporation is/are formed, are as follows:

**To practice the profession of: Medical Rehabilitation**

**Prepared By:  
Bruce B. Hubbard  
77 East John St.  
Hicksville, New York 11801  
1-516-935-3940**

H07000251260

**FILED**  
2007 OCT 10 A 11:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H07000251260

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

**David Poces  
4501 North Ocean Boulevard TH1  
Boca Raton, FL 33431**

**ARTICLES VI INITIAL OFFICER(S)/DIRECTOR(S)**

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

**Dr. David Poces - President/Director  
4501 North Ocean Boulevard TH1  
Boca Raton, FL 33431**

**ARTICLES VII INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

**Dr. David Poces  
4501 North Ocean Boulevard TH1  
Boca Raton, FL 33431**

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

9th day of October 2007.

  
**Dr. David Poces**  
SIGNATURE

H07000251260

H07000251260

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE  
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF  
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE  
REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **South Tampa Injury & Rehab, P.A.**

2. The name and address of the registered agent and office is:

**David Poces**

Name

**4501 North Ocean Boulevard TH1**

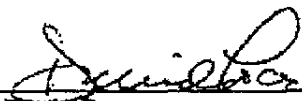
(P.O. Box or Mail Drop Box NOT Acceptable)

**Boca Raton, FL 33431**

(City / State / Zip)

**FILED**  
2007 OCT 10 A 11:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.*

  
**David Poces**  
SIGNATURE

**October 9, 2007**  
(Date)

H07000251260