

PO8000081379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

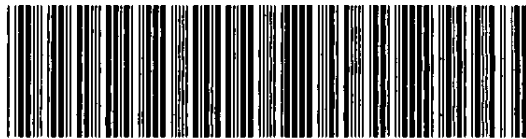
(Business Entity Name)

(Document Number)

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08/26/08--01016--005 \*\*78.75

FILED  
08 SEP -4 AM 11:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
9/4

1008-39979

TRANSMITTAL LETTER

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

SUBJECT: The Phoenix Rehab Group P.A.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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: Kristen M. Watkins  
Name (Printed or typed)

1795 NE 90th Place  
Address

Anthony FL 32617  
City, State & Zip

(352) 425-0545  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 27, 2008

KRISTEN M WATKINS  
1795 NE 90TH PLACE  
ANTHONY, FL 32617

SUBJECT: THE PHOENIX REHAB GROUP  
Ref. Number: W08000039979

We have received your document for THE PHOENIX REHAB GROUP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please complete the article format from our office and return for filing. You cannot enclosed a form as an attachment. You must use one or the other. The form must be completed in its entirety.

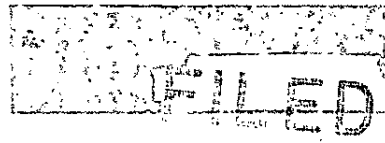
The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap  
Regulatory Specialist II  
New Filing Section

Letter Number: 908A00047676



Articles of Incorporation

08 SEP -4 AM 11:29

Professional Service Corporation

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- 1. The name of the corporation shall be: The Phoenix Rehab Group, P.A
- 2. The purpose for which this corporation is organized is: to provide skilled therapy services
- 3. The principal place of business and mailing address of the corporation is: multiple sites  
mailing address: 1795 NE 90th Pl Anthony FL 32617
- 4. The corporation shall have the authority to issue 1,000 shares of common stock, in one class only, each with a par value of \$ 10.00.
- 5. The registered agent of the corporation is Kristen M. Watkins and the registered street address is 1795 NE 90th Pl Anthony, Florida 32617.
- 6. The initial Board of Directors shall have 2 member(s) whose name(s) and address(es) is/are as follows: Kristen M. Watkins 1795 NE 90th Pl Anthony FL 32617  
Deirdre Boyle-Pennington 9653 NW 45th Ave Ocala FL 34482

The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.

- 7. The incorporator of this corporation is Kristen M. Watkins whose street address is 1795 NE 90th Pl. Anthony FL 32617

Dated 8-20-08

Kristen M. Watkins  
Incorporator

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 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.

Dated 8-20-08

Kristen M. Watkins  
Registered Agent