

708000091019

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.

((H08000230240 3)))



H080002302403ABCT

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 : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305) 444-4994
Fax Number : (305) 444-4977

FILED
08 OCT -6 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

UPTIMUM REHAB CENTER, CORP.

RECEIVED OCT -6 2008

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

MRD 10/7

(((H08000230240)))

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:

UPTIMUM REHAB CENTER, CORP.

ARTICLE II PRINCIPAL OFFICE

The principal ~~street~~ address and mailing address, if different is:

4160 WEST 16 AVE STE 204 HIALEAH, FL 33012

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES AT \$1.00 EACH

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

CALIXTO ALFONSO JR. / 4160 WEST 16 AVE STE 204 HIALEAH, FL 33012 / PRESIDENT

ARTICLE VI REGISTERED AGENT

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

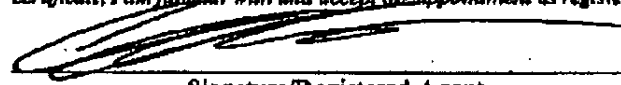
CALIXTO ALFONSO JR. / 4160 WEST 16 AVE STE 204 HIALEAH, FL 33012

ARTICLE VII INCORPORATOR

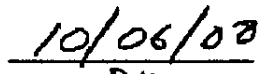
The name and address of the Incorporator is:

CALIXTO ALFONSO JR, 4160 WEST 16 AVE STE 204 HIALEAH, FL 33012

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


Signature/Incorporator


Date


Date

FILED
08 OCT -6 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA