

Division of Corporations

Page 1 of 2

**Florida Department of State
Division of Corporations
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.

(((H10000036126 3)))



H100000361263ABCT

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

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: surfkc1@bellsouth.net

FLORIDA PROFIT/NON PROFIT CORPORATION

Rehab Home Health Inc.

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

FILED

2010 FEB 17 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

10 FEB 17 PM 3:57

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. Shivers FEB 18 2010

H10000036126

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:

Rehab Home Health Inc.

ARTICLE II PRINCIPAL OFFICE

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

Rehab Home Health Inc.

**6789 Cobla Circle
Boynton Beach, FL 33437**

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 INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Christopher Campbell
6789 Cobla Circle
Boynton Beach, FL 33437**

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

H10000036126

FILED
2010 FEB 17 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H10000036126

ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

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

**Christopher Campbell - President/Director
6789 Cobia Circle
Boynton Beach, FL 33437**


ARTICLES VI INCORPORATOR(S)

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

**Christopher Campbell
6789 Cobia Circle
Boynton Beach, FL 33437**

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

16th day of February 2010



Christopher Campbell - Signature

H10000036126

H10000036126

**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: **Rehab Home Health Inc.**

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

Christopher Campbell

Name

6789 Cobia Circle

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

Boynton Beach, FL 33437

(City / State / Zip)

FILED
2010 FEB 17 PM 1:00
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.


Christopher Campbell
SIGNATURE

February 16, 2010

(Date)

H10000036126