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SECRETARY OF STATE TALLAHASSEE, H, ORIDA

PS 7/30/10

COVER LETTER

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

SUBJECT: _

DOCTORREHAB INC

\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy
		ADDITIONAL CO	& Certificate of Status PPY REQUIRED
FROM:	Michael S. Gershberg Nam	e (Printed or typed)	
	287 Sandpiper Ave		
		Address	
	Royal Palm Beach, Florida. 3341	1	
	Royal Palm Beach, Florida. 3341		

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:

DOCTORREHAB INC

+

ARTICLE II PRINCIPAL OFFICE

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

287 Sandpiper Ave

Royal Palm Beach

Florida, 33411

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Physical Therapy Buisness

SECRETARY OF SIATE,

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Michael S.

287 Sandpiper Owner

Gershberg

Ave, Royal Palm

Beach, FL 33411

ARTICLE VI REGISTERED AGENT

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

Michael S. Gershberg

287 Sandpiper Ave

Royal Palm Beach

Florida, 33411

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael S. Gershberg

287 Sandpiper Ave

Royal Palm Beach

Florida 33411

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

Multiply July 23, 2010

Signature/Incorporator Date