

P11000015058

Feb. 11 2011 3:00 PM

CAPITAL CONNECTION

NO. 389

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 222-1222

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

Email Address: _____

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FLORIDA PROFIT/NON PROFIT CORPORATION
SF Medical Services, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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DIVISION OF CORPORATIONS

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Corporate Filing Menu

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FEB. 11. 2011 3:06PM

CAPITAL CONNECTION

NO. 3898 P. 2

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

2011 FEB 11 PM 1:34

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:

SF Medical Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

4661 Johnson Road, Ste 4
Coconut Creek, FL 33073

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Provide Medical Services

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):

Sean Fallon
c/o First Choice Medical Rehabilitation Center
5671 Vineland Road
Orlando, FL 32819

President

ARTICLE VI REGISTERED AGENT

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

Sean Fallon
c/o First Choice Medical Rehabilitation Center
5671 Vineland Road
Orlando, FL 32819

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Sean Fallon
c/o First Choice Medical Rehabilitation Center
5671 Vineland Road
Orlando, FL 32819


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

2/10/11

Date



Signature/Incorporator

2/10/11

Date