

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,

(((H11000171834 3)))



H110001718343ABC-

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 : HUBÇO

Account Number : 104662003400

Phone

: (516)935-3940

Fax Number

: (516)935-308B

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

Rmail Address: N/	<u>A</u>
-------------------	----------

FLORIDA PROFIT/NON PROFIT CORPORATION Tampa Rehab & Family Care P.A.

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

06/30/2011 1:53:18 PM -0400 POWERED BY ORCAFAX

PAGE 2 OF 4

SECRETARY OF STATE DIVISION OF CORPORATIONS

2011 JUN 30 PM 12: 35 H11000171834

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, herby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Tampa Rehab & Family Care P.A.

ARTICLE II PRINCIPAL OFFICE

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

6800 N. Dale Mabry, Suite 242 Tampa, FL 33614

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 PURPOSE

The purpose for which this corporation is/are formed, are as follows:

To practice the profession of: Chiropractic

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

H11000171834

H11000171834

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Richard Culligan 22323 Rushmore Place Boca Raton, FL 33428

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

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

Richard Culligan - President/Director 22323 Rushmore Place, Boca Raton, FL 33428

ARTICLES VII INCORPORATOR(S)

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

Richard Culligan 22323 Rushmore Place, Boca Raton, FL 33428

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

29th __day of June _____ 20 11

Richard Culligan SIGNATURE

H11000171834

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OP 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.

. The name of the corporation is:	Tampa Rehab & Family Care P.A.	
. The name and address of the registe	ered agant and office is:	
	Richard Culligan Nune	
	22323 Rushmore Place (P.O. Box or Mail Drop Box NOT Acceptable)	
	Boca Raton, FL 33428 (City / State / Zip)	

Having been named as registered ugent 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 ugent 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.

Richard Culligan SIGNATURE 06/29/2011 (Date) SECRETARY OF CORPORATION OF CORPORAT