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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 : ALLSTATE MEDICAL CONSULTING, INC.
Account Number : I20110000067
Phone : (786) 362-0124
Fax Number : (305) 541-6612

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

Email Address: WellnessRehabCenter@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Allstate Medical Consulting, Inc

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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1.8.2011 AUG 23 2011



August 22, 2011

FLORIDA DEPARTMENT OF STATE

ALLSTATE MEDICAL CONSULTING, INC. Division of Corporations

SUBJECT: WELLNESS REHAB SERVICES, INC
REF: W11000043581

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

If you have any further questions concerning your document, please call (850) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

FAX Aud. #: H11000207604
Letter Number: 911A00019591

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: wellness Rehab Services, INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
6550 SAN AGUSTIN RD. ST 304
JACKSONVILLE, FL 32217

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: P. Jorge Diaz Rodriguez Name and Title: _____

Address: 6550 San Agustin Rd. St 304 Address: _____

JACKSONVILLE, FL 32217

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Jorge Diaz Rodriguez

Address: 6550 San Agustin Rd. St 304

JACKSONVILLE, FL 32217

ARTICLE VII INCORPORATOR

The ~~name and address~~ of the Incorporator is:

Name: Jorge Diaz Rodriguez

Address: 6550 SAN AGUSTIN RD. ST. 304

JACKSONVILLE, FL 32217

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

Required Signature/Registered Agent

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

Date

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