

**P12000052649**

**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.**

(((H12000153311 3)))



H120001533113ABCR

**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 : 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: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**Physical Rehabilitation Associates, P.A.**

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$87.50

+Cover letter

RECEIVED  
12 JUN -8 PM 2:13

FILED  
12 JUN -8 PM 4:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 11 2012

**COVER LETTER**

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

**SUBJECT: Physical Rehabilitation Associates, P.A.**  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee  
☐ \$78.75 Filing Fee  
& Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM: Steven Burack D.O.**

Name (Printed or typed)

**3730 Coconut Creek Parkway Suite #180**

Address

**Coconut Creek, Florida, 33066**

City, State & Zip

**(561) 859-3062**

Daytime Telephone number

**injectdoc@yahoo.com**

E-mail address: (to be used for future annual report notification)

**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:

**Physical Rehabilitation Associates, P.A.****ARTICLE II PRINCIPAL OFFICE**

Principal street address

3730 Coconut Creek Parkway Suite #180  
Coconut Creek Florida 33066

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**The specific nature of this business is to provide medical and physical rehabilitation services.****ARTICLE IV SHARES**

The number of shares of stock is:

**100****ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: **Steven Burack D.O. President**Address: **7252 San Sebastian Drive  
Boca Raton, Florida 33433**

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

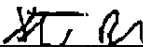
Address:

**ARTICLE VI REGISTERED AGENT**

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

Name: **Steven Burack D.O.**Address: **7252 San Sebastian Drive  
Boca Raton, FL 33433****ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: **Steven Burack D.O.**Address: **7252 San Sebastian Drive  
Boca Raton, FL 33433***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

6/8/2012

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

6/8/2012

Date

FILED  
JUN -8 PM 4:15  
CLERK OF STATE  
TALLAHASSEE, FLORIDA