

7/20/12

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Florida Department of State
Division of Corporations
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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 : (786) 558-4546

12 JUL 20 PM 12: 39

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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
CORAL THERAPY REHAB CENTER CORP

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

RECEIVED
12 JUL 20 PM 5: 05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/23/12

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be:

CORAL THERAPY REHAB CENTER CORP.

12 JUL 20 PM 12:39

ARTICLE II PRINCIPAL OFFICE

Principal street address

**7815 SW 24 STREET SUITE 111
MIAMI, FL 33155**

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 SANCHEZ, LILIANA P.**

Address: **7815 SW 24 ST SUITE 111
MIAMI, FL 33155**

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: **SANCHEZ, LILIANA P.**

Address: **7815 SW 24 STREET SUITE 111
MIAMI, FL 33155**

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: **SANCHEZ, LILIANA P.**

Address: **7815 SW 24 STREET SUITE 111
MIAMI, FL 33155**

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

07-20-12

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

07-20-12

Date