# P 300000954

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DIVISION OF COMPORATIONS
13 MAR 22 PM 1: 12

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## TRANSMITTAL LETTER

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

•		
(PROPOSED CORPORA	TENAME – <u>MUST INCE</u>	UDE SUFFIX)
inal and one (1) copy of the art	icles of incorporation and	l a check for:
\$78.75  Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
		nt
1520 10th Ave.	N. Suite B	
954-	739-1212	· 
	inal and one (1) copy of the art  \$78.75 Filing Fee & Certificate of Status  Dr. Henri Claude E  Name  1520 10th Ave.  Lake Wort  City  954-	Filing Fee & Certificate of Status  ADDITIONAL CO  Dr. Henri Claude Douze, Registered Age  Name (Printed or typed)  1520 10th Ave. N. Suite B

NOTE: Please provide the original and one copy of the articles.

# SECRETARY OF STATE DIVISION OF CORPURATIONS

### **Articles of Incorporation**

13 MAR 22 PM 1: 12

We, the undersigned, as proper persons acting as incorporators of a corporation under the laws of the State of Florida, adopt the following articles of incorporation:

#### **FIRST**

The name of the corporation is: LAKE WORTH REHAB MEDICAL CENTER, INC.

#### **SECOND**

The period of its duration is Indefinite.

#### **THIRD**

The purpose of the corporation is: Rehab Medical Center

#### **FOURTH**

The aggregate number of authorized shares is 1000 shares Par-Value \$1.00

#### **FIFTH**

The corporation will not commence business until at least One Thousand (\$1,000.) Dollars have been received by it as consideration for the issuance of Shares.

#### SIXTH

Cumulative Voting of shares of stock are authorized.

#### **SEVENTH**

Provisions Limiting or denying to shareholders the preemptive right to acquire additional or treasury shares of the corporation are: Approved by both the Stockholders and Board of Directors.

#### **EIGHT**

Provisions for regulating the internal affairs of the corporation are The Managing Partners (Corporate Officers) will be responsible for all day to day operation.

#### **NINTH**

The address of the initial Registered Office of the corporation is: 1520 10<sup>th</sup> Ave. N. Suite B, Lake Worth, Fl 33460 and the name of it's initial Registered Agent at such address is: Dr. Henri Claude Douze

#### **TENTH**

Address of the principal place of business is: 1520 10<sup>th</sup> Ave. N. Suite B, Lake Worth, Fl 33460

#### **ELEVENTH**

The number of directors constituting the initial board of directors of the corporation is ONE, and the names and address of the persons who are to serve as directors until the first annual meeting of the Shareholders or until their successors are elected and shall qualify are:

<u>NAME</u> <u>ADDRESS</u>

\* Dr. Henri Claude Douze, Dir., Pres, Chairperson

1520 10<sup>th</sup> Ave. N. Suite B, Lake Worth, Fl 33460

#### **TWELFTH**

The name and address of each incorporator is:

<u>NAME</u> <u>ADDRESS</u>

\* Dr. Henri Claude Douze, Dir., Pres, Chairperson

1520 10th Ave. N. Suite B, Lake Worth, Fl 33460

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 MAR 22 PM 1:12

Date: March 10, 2013

Dr./Henri Claude Douze.Dir/Pres, Incorporator

Having been named as Registered Agent and to accept services of process for the stated corporation at the place designated in this certificate, I hereby accept the appointment as Registered Agent and Agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, my position as Registered Agent.

Dr Henri Claude Douze, Registered Agen