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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305) 552-5973  
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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**ONE CHOICE REHABILITATION INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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14 AUG 11 PM 12:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

8/12/14

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August 11, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

LAZARUS CORPORATE FILING SERVICE, INC.

SUBJECT: ONE CHOICE REHABILITATION INC  
REF: W14000048883

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

Please list the street address of each officer/director.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

You must list at least one incorporator with a complete business street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H14000187574  
Letter Number: 014A00017168

REC'D  
14 AUG 11 PM 4:10  
TALLAHASSEE, FLORIDA

H14000187574

# Articles of Incorporation

IN COMPLIANCE WITH CHAPTER 607 AND/OR CHAPTER 621, P.S.

**Article I - Name:** The name of the corporation shall be

ONE CHOICE REHABILITATION INC

**Article II - Principal and Mailing Address**

2750 W. 68 ST #210  
HIALEAH FL 33016

**Article III - Shares**

The number of shares of stock is: 100

**Article IV - Initial Officers and/or Directors**

CLAUDE BAROSY (P)

**Article V - Registered Agent**

The name and Florida street address of the registered agent is:

CLAUDE BAROSY  
2750 W. 68 ST. #210  
Hialeah FL 33016

**Article VI - Incorporator**

The name and address of the incorporator is:

CLAUDE BAROSY  
2750 W. 68 ST #210  
Hialeah FL 33016

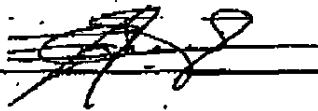
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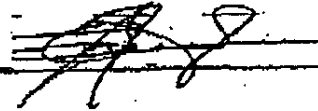
**Required Signatures:**

***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***

x 

8-8-14  
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.***

x 

8-8-14  
Date

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