

# P15000027305

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
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15 MAR 23 PM 3:08  
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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**ALPHA & OMEGA REHAB AND MEDICAL CENTER, CORP.**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 MAR 23 PM 1:07

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*J* 3/24/15

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

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**ARTICLE I NAME:** The name of the corporation is:

Alpha & Omega Prehabs and Medical Center, corp.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

8300 SW 8th suite 301A  
Miami FL 33144

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Maria Hernandez (P)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Maria Hernandez  
8300 SW 8th suite 301A  
Miami FL 33144

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:


Maria Hernandez  
8300 SW 8 ST SUITE 301A  
MIAMI FL 33144

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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**

 3/23/15  
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.**

 3/23/15  
Incorporator Date

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TALLAHASSEE, FLORIDA

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