

P15000055356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

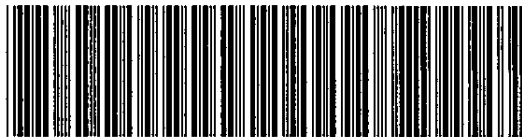
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/26/15--01016--012 **78.75

15 JUN 26 PM 1:42
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15 JUN 26 2015

ymd 6/30

COVER LETTER

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

SUBJECT: Florida Health & Rehab, Inc.

(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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Louis Thornton

Name (Printed or typed)

7870 SW 103rd Street Rd, Suite # 201

Address

Ocala, FL 34476

City, State & Zip

352-291-6611

Daytime Telephone number

peggy@homewithintegrity.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: Florida Health & Rehab, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7870 SW 103rd Street Rd., Suite # 201

Ocala, FL 34476

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: for outpatient rehabilitation services

ARTICLE IV SHARES

The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Louis Thornton, President

Name and Title: _____

Address 7870 SW 103rd Street Rd., Suite # 201

Address: _____

Ocala, FL 34476

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Louis Thornton

Address: 7870 SW 103rd Street Rd., Suite # 201

Ocala, FL 34476

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Margaret M Karns-Larkin

Address: 2030 NE 15th Terrace Rd

Silver Springs, FL 34488

15 JUN 26 PM 1:42
STATE OF FLORIDA
ARTICLE VI REGISTERED AGENT

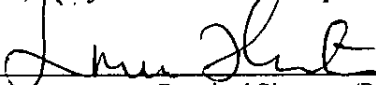
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

6-24-15
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

6/24/15
Date