

11/30/2033

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#84 P 1/003

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H16000014732 3)))



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****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
LOTUS MEDICAL REHAB, INC.**

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

01-2046

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

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ARTICLE I NAME: The name of the corporation is:Lotus Medical Rehab, Inc.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

12268 TAMIAHI TRAIL Suite #301
NAPLES, FL 34113SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE III SHARES: The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**MARIA G. ROGUE - President
JOSE R. DUENAS - Vice-President**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

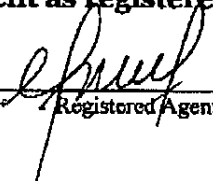
Maria G. Rogue
12268 Tamiami trail Suite #301
Naples FL 34113**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Maria G. Rogue
12268 Tamiami trail Suite #301
Naples FL 34113

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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

 1-18-16
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.

 1-18-16
Incorporator Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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