

P16000005118

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000014732 3)))



H160000147323ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

16 JAN 19 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_ P

FLORIDA PROFIT/NON PROFIT CORPORATION  
LOTUS MEDICAL REHAB, INC.

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

16 JAN 19 PM 12:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01-2046  
P

H16000014732

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**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 34113

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 JAN 19 PM 1:50

FILED

**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:

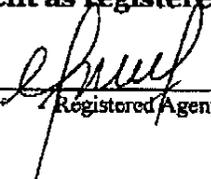
Maria G. Rogue  
12268 Tamiami trail Suite #301  
Naples FL 34113

H16000014732

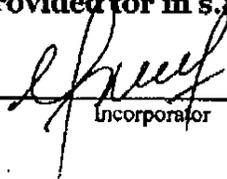
H 16000014732

**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**

 _____ Registered Agent	_____ 1-18-16 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.**

 _____ Incorporator	_____ 1-18-16 Date
---	--------------------------

16 JAN 19 PM 1:50  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

FILED

H 16000014732