

P/60000/5600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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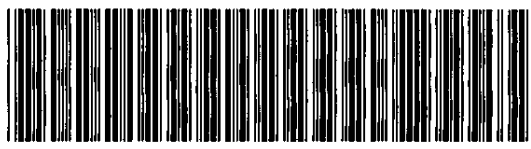
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 FEB - 8 PM 2:30

02/18/16

COVER LETTER

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

SUBJECT: NEW SOLUTION REHAB & MEDICAL CENTER-PA, 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: Paul L. McClure CPA -PSC

Name (Printed or typed)

P.O. Box 769

Address

Ellenton, Florida 34222

City, State & Zip

941-744-7147

Daytime Telephone number

pmcclurecpa@bellsouth.net

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: NEW SOLUTION REHAB & MEDICAL CENTER-PA, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

4231 N. HABANA AVE.

TAMPA, FLORIDA 33607

Mailing address, if different is:

P.O. BOX 769

ELLENTON, FLORIDA 34222

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to form a new entity performing medical and chiropractic services as well as physical rehab treatment.

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ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Hector Vazquez- President

Address 1116 Balmoral Drive

Louisville, Kentucky 40205

Name and Title: Yoleidis Vazquez- Secretary-Treasurer

Address: 1116 Balmoral Drive

Louisville, Kentucky 40205

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

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: Paul L. McClure CPA - PSC

Address: 5750 French Creek Court

Ellenton, Florida 34222

ARTICLE VII INCORPORATOR

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

Name: Hector Vazquez

Address: 1116 Balmoral Drive

Louisville, Kentucky 40205

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: January 1, 2016 (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

Paul L. McClure

Required Signature/Registered Agent

12/30/15

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.

X *Hector Vazquez*
Required Signature/Incorporator

12/30/15

Date