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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

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

Address:		
MUUI C33.		

## FLORIDA PROFIT/NON PROFIT CORPORATION ADVANCE REHAB INC

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

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Electronic Filing Menu

Corporate Filing Menu

Help

## 3052201440

## ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

`
ADVANCE REHAB INC
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
· · · · · · · · · · · · · · · · · · ·
700 SW 31 AVE. MILMI. Fl. 33135
ARTICLE III SHARES: The number of shares of stock is: 120
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
JUAN ALEJANDRO PEREZ (Y)
<u></u>
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent i
JUAN ALEMNORO PEREZ
700 SW 31 HAVE. MIAMI.
FL, 33135
ARTICLE VI INCORPORATOR: The name and address of the Incorporator i
JUAN ALEMANDRO PEREZ
700 SW 31th AVE. MIAMI. FL. 33135
700 5W 31" AVE MIANT. 12. 22123

## 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 Age 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.

Incationator Date

19 JUL 18 AM 9: 54

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