

P19000058136

Florida Department of State
Division of Corporations
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Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION

PRO REHAB PHYSIOTHERAPY SERVICES INC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

19 JUL 26 PM 5:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Electronic Filing Menu

Corporate Filing Menu

Help

Second Request

Florida Department of State
Attention: New Filings Section

To whom it may concern:

This is to advise that the owners of

PRO REHAB PHYSIOTHERAPY SERVICES INC

of Document # P14 00000 9810

are the same owners of the attached articles. We have dissolved the company and have no intention of reopening it.

Thank you for your help in this matter.

Thanks,

LILIANA M FARINAS
(President)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

PRO REHAB PHYSIOTHERAPY SERVICES INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

7480 NW 181 ST STREET

HIALEAH, FL 33015

Mailing address, if different is:

7480 NW 181 ST STREET

HIALEAH, FL 33015

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LILIANA M FARNAS

Name and Title:

Address: PRESIDENT

Address:

7480 NW 181 ST STREET

HIALEAH, FL 33015

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: LILIANA M FARINAS
Address: 7480 NW 181ST STREET
HIALEAH, FL 33015

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LILIANA M FARINAS
Address: 7480 NW 181ST STREET
HIALEAH, FL 33015

ARTICLE VIII EFFECTIVE DATE: 07/23/2019

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 days prior or 90 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
07/23/2019
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
07/23/2019
Date