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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.\*\***

**Email Address:** \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
MCQ REHAB, INC**

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

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FEB - 6 2020

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2020 FEB - 5 PM 1:16

## **ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

MCQ Rehab, INC

### **ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

9050 Pines Blvd, Ste 190

Pembroke Pines, FL 33024

**ARTICLE III SHARES:** The number of shares of stock is: 100

### **ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Frank E. Elissalt, President

### **ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Frank E. Elissalt

9050 Pines Blvd, Ste 190

Pembroke Pines, FL 33024

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

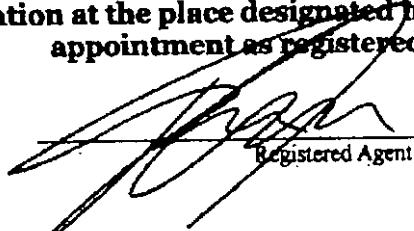
Frank E. Elissalt

9050 Pines Blvd, Ste 190

Pembroke Pines, FL 33024

**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

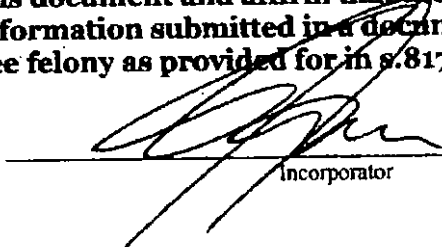


Registered Agent

02/03/2020

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

02/03/2020

Date

2020 FEB -5 PM 12:04