

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : CLARA GIRALDO ENROLLED AGENT
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Phone : (305)485-9300
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION
HEAL PHYSICAL THERAPY AND REHABILITATION, INC.

Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

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ARTICLES OF INCORPORATION

OF

HEAL PHYSICAL THERAPY AND REHABILITATION, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

HEAL PHYSICAL THERAPY AND REHABILITATION, INC

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Said corporation shall further have powers:
To have perpetual succession by it's corporate

HEAL PHYSICAL THERAPY AND REHABILITATION, INC

ARTICLE IV

The aggregate number of shares, which the corporation shall have authority to issue, is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation

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CLERK OF THE
DEPARTMENT OF
STATE
TALLAHASSEE, FLORIDA

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

**IRAIMA FLORES
10994 SW 184TH ST
CUTLER BAY, FL 33157**

The principal office shall be:

**10994 SW 184TH ST
CUTLER BAY, FL 33157**

ARTICLE VI

The initial Board of Directors shall consist of a total of ONE (01) person, and the name and address of the person who is to serve as initial director:

**IRAIMA FLORES
10994 SW 184TH ST
CUTLER BAY, FL 33157**

PRESIDENT

The name and address of the incorporator executing these Articles of Incorporation is

**IRAIMA FLORES
10994 SW 184TH ST
CUTLER BAY, FL 33157**

IN WITNESS WHERE OF, the undersigned incorporator has (ve) executed these Articles of Incorporation this APRIL 06, 2022.


IRAIMA FLORES

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DEPARTMENT OF STATE
CLERK OF CORPORATION
TALLAHASSEE, FL 32301

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, Submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The Name of the corporation is:

HEAL PHYSICAL THERAPY AND REHABILITATION, INC

2. The Name and Address of the registered agent and office is:

**IRAIMA FLORES
10994 SW 184TH ST
CUTLER BAY, FL 33157**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

Date: APRIL 06, 2022

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JUDICIAL CIRCUIT IN AND FOR
DADE COUNTY, FLORIDA