P95000007229

1/20/95 FLORIDA DIVISION OF CORPORATIONS 6:13 PM
PUBLIC ACCESS SYSTEM
(((H95000001109))) ELECTRONIC FILING COVER SHEET

TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

FROM: CORPORATE CREATIONS MIAMI
4437 SHERIDAN AVE
MIAMI BEACH FL 33140-0000
CONTACT: JOSEPH MATA
PHONE: (305) 538-9091
FAX: (305) 538-8904

(((H95000001109))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
NAME: PROGRESSIVE REHAB SYSTEMS INC.
FAX AUDIT NUMBER: H95000001109
DATE REQUESTED: 01/26/1995
CERTIFIED COPIES: 0
NUMBER OF PAGES: 4
ESTIMATED CHARGE: $78.75
CURRENT STATUS: REQUESTED
TIME REQUESTED: 18:13:28
CERTIFICATE OF STATUS: 1
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(((H95000001109)))
** ENTER 'M' FOR MENU. **
ENTER SELECTION AND <CR>:

RECEIVED
95 JAN 27 AM 9:21

EFFECTIVE DATE

Articles of Incorporation
of
Progressive Rehab Systems Inc.

Article I. Name

The name of this Florida corporation is Progressive Rehab Systems Inc.

Article II. Address

The mailing address of the Corporation is:

Progressive Rehab Systems Inc.
5700 North Federal Highway
Boca Raton, FL 33487

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95 JAN 27 AM 10:52
[illegible]
TALLAHASSEE, FLORIDA

Article III. Capital Stock

The Corporation shall have the authority to issue 2000 shares of common stock, par value $.01 per share.

Article IV. Registered Agent

The name and address of the registered agent of the Corporation is:

Corporate Creations Enterprises Inc.
4521 PGA Boulevard, Suite 211
Palm Beach Gardens, FL 33418

Article V. Board of Directors

The affairs of the Corporation shall be managed by a Board of Directors consisting of no less than one director. The number of directors may be increased or decreased from time to time in accordance with the Bylaws of the Corporation. The election of directors shall be done in accordance with the

Corporate Creations International Inc.
4437 Sheridan Avenue
Miami Beach, FL 33140
(305) 538-9091

EFFECTIVE DATE

Bylaws. The directors shall be protected from personal liability to the fullest extent permitted by law. The name of each initial member of the Corporation's Board of Directors is:

Tamara Garrison

Article VI. Incorporator

The name and address of the incorporator is:

Corporate Creations International Inc.
4437 Sheridan Avenue
Miami Beach, FL 33140

Article VII. Corporate Existence

The corporate existence of the Corporation shall begin effective as of January 26, 1995.

The authorized representative of the incorporator executed these Articles of Incorporation on January 26, 1995.

Corporate Creations International Inc.

By: Joseph P. Mata
Joseph P. Mata, Secretary

H95000001109

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

CORPORATION:
Progressive Rehab Systems Inc.

REGISTERED AGENT:
Corporate Creations Enterprises Inc.
4521 PGA Boulevard, Suite 211
Palm Beach Gardens, FL 33418

I agree to act as registered agent to accept service of process for the corporation named above at the place designated in this Certificate. I agree to comply with the provisions of all statutes relating to the proper and complete performance of the registered agent duties. I am familiar with and accept the obligations of the registered agent position.

Corporate Creations Enterprises Inc.

Johnny C. Rodriguez, Vice President
By: Joseph P. Mata as Attorney in Fact

Date: January 26, 1995

FILED
95 JAN 27 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H95000001109

Corporate Creations International Inc.
4437 Sheridan Avenue
Miami Beach, FL 33140
(305) 538-9091

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 OCT -7 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000007229

1. Corporate Name
PROGRESSIVE REHAB SYSTEMS INC.

Principal Place of Business
5700 N. FEDERAL HWY.
BOCA RATON FL 33487

Mailing Address
5700 N. FEDERAL HWY.
BOCA RATON FL 33487

4/19/17

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable
9301 North AIA
Suite, Apt. #, etc.
City & State
VERO BEACH, FL
Zip
32963
Country
USA

3. New Mailing Office Address, If Applicable
9301 North AIA
Suite, Apt. #, etc.
City & State
VERO BEACH, FL
Zip
32963
Country
USA

4. Date Incorporated or Qualified To Do Business in Florida: 01/26/1995

5. FEI Number: [redacted] 496415
X Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	GARRISON, TAMARA	~~5700 N. FEDERAL HWY.~~ 9301 North AIA	~~BOCA RATON FL 33487~~ VERO BEACH, FL 32963

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-10/18/96--01079--023
*****375.00 *****375.00

8. Name and Address of Current Registered Agent
CORPORATE CREATIONS ENTERPRISES INC.
4521 PGA BLVD., SUITE 211
PALM BEACH GARDENS FL 33418

9. Name and Address of New Registered Agent
Name: TAMARA GARRISON
Street Address (P.O. Box Number is Not Acceptable): 9301 North AIA
Suite, Apt. #, Etc.:
City: VERO BEACH
State: FL
Zip Code: 32963

CR2E040 (7/96)

I hereby agree to act as registered agent. I also agree that the above named corporation is familiar with and accepts the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] Date: 10-1-96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒
(See other side for information on intangible tax.)

I, [illegible] as officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] 10-1-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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