# P95000009645

### TRANSMITTAL LETTER

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	សម្រោត ពេលពេល ( បានសម្បើ ) គឺ គឺរិស មានសម្រាស់ សម្រាស់ សម្រាស់ ស្ថិតិស សម្រង   ស្រុស្សារ ( ) សម្រង់ ស្ថិស្តិស្តិសិព
SUBJECT: Medical Rehabilitation of South	thwest Florida, P.A.
Proposed Corporate Name	
Enclosed is an original and one copy of the Articles registered agent, and a check for \$122. Please return with the filing date.  FROM:  Kunwar S.S. Jain	of Incorporation, a designation of the Articles stamped FI -1 FI 2: 00
Name (print or type)	
5836 Riverside Lane	
Address	
Ft. Myers, Fl. 33919-2506	
City, State, Zip	100 - 1 1
813-936-0788	SB 2/6/95
Area Code and Phone Number (Daytime)	

## ARTICLES OF INCORPORATION OF

FILED
1995 FEB - 1 FH 2: 00
TALEATHASSEE, I LORIDA

Medical Rehabilitation of Southwest Florida, P.A.

### A Professional Association

The undersigned incorporator, for the purpose of forming a Professional Association under Florida's Professional Service Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE 1: NAME The name of the Professional Association shall	be:
Medical Rehabilitation of South	west Florida, P.A.
ARTICLE 2: PRINCIPAL PLACE OF BUSING The principal place of business of this Profession address and zip code): 5836 Riverside 1	ISS  mal Association shall be (give street Lane, Ft. Myers, F1. 33919
address and zip code):	2506
ARTICLE 3: SHARES All stock issued by this Professional Associatio gle class. The number of shares of stock that the to have outstanding at any time is:500	n shall be common voting stock of a sin- is Professional Association is authorized
ARTICLE 4: INITIAL REGISTERED AGENT The name of the initial registered agent is Kur whose registered office is located at the place of	nwar S.S. Jain

#### ARTICLE 5: PURPOSE AND RESTRICTIONS

The purpose for which the Professional Association is organized is to engage in the licensed practice of <a href="mailto:medicine">medicine</a> under regulation of the Florida Department of Professional Regulation. No officer, shareholder, employee, or agent shall practice any other occupation on behalf of, or in the name of, this Professional Association, except to the extent allowed by Florida law. No person shall become an officer, shareholder, employee, or agent of this Professional Association who does not possess a license to engage in the same occupation for which this Professional Association is organized except to the extent allowed by law. Should any such person lose the license to so practice, that person shall immediately sever all employment with, and financial interests in, this Professional Association.

ARTICLE 6: INCORPORATOR The name and street address of the incorporator to these Articles of Incorporation is: Runwar S.S. Jain 5836 Riverside Lane, Ft. Myors, F1. 33919-2506								
5836	Riverside	Lane,	Ft.	Myors,	F1.	33919-2506		

The undersigned incorporator has executed these Articles of Incorporation this 26th Day of January 19 95

Signature

Articles of Incorporation Filing Fee —

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to Florida law, the undersigned Corporation organized under the laws of Florida submits the following statement in designating the registered office, agent, in the State of Florida.	of the State /registered
1. The name of the corporation/professional association is:  Medical Rehabilitation of Scithwest Florida, P.A.	
2. The name and address of the registered agent and office is:	
Kunwar S.S. Jain	
Full name	
5836 Riverside Lane	
Address (P.O. Box not acceptable)	1 70
Ft. Myers, F1. 33919 - 2506	
City, State, and Zip	03/6

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 COMPLY THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE OF REGISTERED AGENT

26th January 1995

DATE

Designation of Registered Agent Filing Fee —