

P9500015122

(Requestor's Name)

Larry L. Bryan
ACTION PAHALEGAL SERVICES
1420 N. 3RD ST.
JACKSONVILLE BEACH, FL 32250

900001414969
-02/24/95--01074--003
*****70.00 *****70.00

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. South Beach Rehab, Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time _____

☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
95 FEB 22 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. BROWN FEB 23 1995

Examiner's Initials

FILED
95 FEB 22 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION OF
SOUTH BEACH REHAB, INC.

The undersigned subscriber, DONNA VAN DER VELDE, a natural person competent to contract, for the purpose of forming a corporation under the laws of the State of Florida, adopts the following Articles of Incorporation for such corporation.

ARTICLE ONE. Name. The name of the purposed corporation is:
SOUTH BEACH REHAB, INC.

ARTICLE TWO. Nature of Business. The corporation may engage in any lawful activity or business permitted under the laws of the United States of America and of the State of Florida.

ARTICLE THREE. Capital Stock. The authorized capital stock of this corporation is to be One Thousand Share of Stock, all of which shall have a par value of \$1.00 per share and which shall be all of the same class.

ARTICLE FOUR. Address. The initial address of the principal office of the purposed corporation in the State of Florida is:
169 GREEN CREST DRIVE, PONTE VEDRA BEACH, FL 32082.

ARTICLE FIVE. Existence. The corporation shall exist perpetually.

ARTICLE SIX. Resident Agent. The initial resident agent at the principal office of the proposed corporation is DONNA VAN DER VELDE, 169 GREEN CREST DRIVE, PONTE VEDRA BEACH, FL 32082. The signature DONNA VAN DER VELDE hereto accepts the designation as Resident Agent.

ARTICLE SEVEN. Subscribers. The name and street address of each subscriber is:

<u>NAME</u>	<u>STREET ADDRESS</u>
Donna Van Der Velde	169 Green Crest Drive Ponte Vedra Beach, FL 32082

ARTICLE EIGHT. Officers. The corporation shall have a Director and Officers who shall be appointed by the Board of Directors as shall be prescribed by the bylaws. The names and street addresses of the first officers are:

NAMESTREET ADDRESS

Donna Van Der Velda - Director/
Officers

169 Green Crest Drive
Ponte Vedra Beach, FL 32082

IN WITNESS WHEREOF, I have executed these Articles of

Incorporation in duplicate this 9th day of JANUARY, 1995.

Donna K. Vandille
DONNA VAN DER VELDA

Donna K. Vandille

DONNA VAN DER VELDA,
Resident Agent

STATE OF FLORIDA

COUNTY OF DUVAL

I hereby certify that on this day before me, an officer duly authorized in the State aforesaid and in the County aforesaid take acknowledgments, personally appeared DONNA VAN DER VELDA, known to me to be the person described in and who executed the foregoing instrument and acknowledge before me that she executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 9th day of JANUARY, 1995.

Kath P. Jensen
Notary Public
My Commission Expires:

 Produced Identification

 ✓ Personally Known to Me

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP 19 AM 9:34

4/10/11

DOCUMENT # **P95000015122**

1 Corporation Name

SOUTH BEACH REHAB, INC.

Principal Place of Business

**169 GREEN CREST DRIVE
PONTE VEDRA BEACH FL 32082**

Mailing Address

**169 GREEN CREST DRIVE
PONTE VEDRA BEACH FL 32082**

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/22/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

54-3316388

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED ☐

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

1. No(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	VELDA, DONNA VAN D	169 GREEN CREST DRIVE	PONTE VEDRA BEACH FL 32082
			500001962505
			-10/02/96--01026--016
			***375.00 ***375.00

8. Name and Address of Current Registered Agent

**VELDE, DONNA VAN D
169 GREEN CREST DRIVE
PONTE VEDRA BEACH FL 32082**

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Donna Velda

REGISTERED AGENT MUST SIGN

Date

9-16-96

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.)

12. I certify that I am an officer or director or 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:

Donna Velda
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Donna Velda

Date

9-16-96

Daytime Phone #

285-5129

CR2040 (7/96)