

P95000045852

TRANSMITTAL LETTER

FILED
95 JUN -6 PM 5:42
SEC. OF STATE
TALLAHASSEE, FLORIDA

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

900001507499
-06/07/95--01074--022
****131.25 ****131.25

SUBJECT: ACCESS REHABILITATION AND HEALTH CARE SERVICES, INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM: GUY DE LUNA
Name (printed or typed)
7684 MILANO DRIVE
Address
ORLANDO, FL 32835
City, State & Zip
(407) 299-1902
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

D. BROWN JUN 13 1995

ARTICLES OF INCORPORATION

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TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

ACCESS REHABILITATION AND HEALTHCARE SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

7684 Milano Drive, Orlando, FL 32835

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

\$5,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

GUY R. DE LUNA
7684 Milano Drive
Orlando, FL 32835

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

GUY R. DE LUNA
7684 Milano Drive
Orlando, FL 32835

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

1st day of June, 1995.

Guy DeLuna
Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

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

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TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 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: ACCESS REHABILITATION AND HEALTHCARE SERVICES, INC.

2. The name and address of the registered agent and office is:

GUY DE LUNA

(Name)

7684 Milano Drive

(P.O. Box not acceptable)

Orlando, FL 32835

(City/State Zip)

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.

Guy De Luna
(Signature)

6/01/95
(Date)

P95000045852

OFFICE USE ONLY (Document #)

**ACCESS REHABILITATION AND HEALTHCARE
SERVICES, INC.**

800-962 2377
7600 SOUTHLAND BLVD. SUITE 105A
ORLANDO, FL 32809

OFFICE USE ONLY

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

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in ☐ Will Wait ☐ Pick up time _____

☐ Certified Copy

☐ 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 checked="" 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 |

SH 3/1

56 APR 22 AM 5:13

Examiner's Initials

ARTICLES OF DISSOLUTION

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: Access Rehabilitation
and healthcare services, Inc.

SECOND: The articles of incorporation were filed on: 6/6/95

THIRD: (CHECK ONE)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FOURTH: No debt of the corporation remains unpaid.

FIFTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SIXTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signed this 18th day of march, 19 96

Signature Guy R. Deluna
(By the chairman or vice chairman of the board, president, or other officer - if there are no officers or directors, by an incorporator.)

Guy R. Deluna
(Typed or printed name)

President
(Title)

56 APR 22 AM 9:13