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07/27/1995 [illegible] 672-91[illegible] CORPORATIONS PAGE 01

File Name: EVIL cover sheet
Date: Thursday, July 27, 1995

7/27/95 FLORIDA DIVISION OF CORPORATIONS 10:32 AM
PUBLIC ACCESS SYSTEM
(((H95000008279))) ELECTRONIC FILING COVER SHEET
TO: DIVISION OF CORPORATIONS FROM: CORPORATE CREATIONS INTERNATIONAL IN
DEPARTMENT OF STATE 401 OCEAN DR
STATE OF FLORIDA SUITE 312
409 EAST GAINES STREET MIAMI BEACH FL 33139-0000 04
TALLAHASSEE, FL 32399 CONTACT: JOHNNY C RODRIQUEZ
FAX: (904) 922-4000 PHONE: (305) 672-0686
FAX: (305) 672-9110
(((H95000008279))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
NAME: ADVANCED REHABILITATION ~~OF S. FLORIDA INC.~~ Specialists Inc.
FAX AUDIT NUMBER: H95000008279 CURRENT STATUS: REQUESTED
DATE REQUESTED: 07/27/1995 TIME REQUESTED: 10:31:59
CERTIFIED COPIES: 0 CERTIFICATE OF STATUS: 1
NUMBER OF PAGES: 4 METHOD OF DELIVERY: FAX
ESTIMATED CHARGE: $78.75 ACCOUNT NUMBER: 073171003004
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(((H95000008279))).
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ENTER SELECTION AND <CR>:

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

RECEIVED
95 JUL 27 AM 11:54
DIVISION OF CORPORATIONS

H95000008279

Articles of Incorporation
of
Advanced Rehabilitation Specialists Inc.

Article I. Name

The name of this Florida corporation is:

Advanced Rehabilitation Specialists Inc.

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95 JUL 27 PM 2:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Article II. Address

The mailing address of the Corporation is:

Advanced Rehabilitation Specialists Inc.
931 Village Boulevard, Suite 905-131
West Palm Beach, FL 33409-1939

Article III. Capital Stock

The Corporation shall have the authority to issue 2,000 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.

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Corporate Creations International Inc.
401 Ocean Drive • Suite 312 • Door Code #125
Miami Beach, FL 33139-6629
(305) 672-0686

The election of directors shall be done in accordance with the 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:

Deborah J. Keone

Article VI. Incorporator

The name and address of the incorporator is:

Corporate Creations International Inc.
401 Ocean Drive • Suite 312 • Door Code #125
Miami Beach, FL 33139-6629

Article VII. Corporate Existence

The corporate existence of the Corporation shall begin effective as of July 27, 1995

The undersigned incorporator executed these Articles of Incorporation on July 27, 1995

Corporate Creations International Inc.
Johnny C. Rodriguez
Vice President

Corporate Creations International Inc.
401 Ocean Drive • Suite 312 • Door Code #125
Miami Beach, FL 33139-6629
(305) 672-0688

H95000008279

CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE

CORPORATION:
Advanced Rehabilitation Specialists 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

Date: July 27, 1995

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TALLAHASSEE FLORIDA

H95000008279

Corporate Creations International Inc.
401 Ocean Drive • Suite 312 • Door Code #125
Miami Beach, FL 33139-6629
(305) 672-0686

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 SEP 26 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000058136**

1 Corporation Name

ADVANCED REHABILITATION SPECIALISTS INC.

Principal Place of Business	Mailing Address
931 VILLAGE BLVD SUITE 905-131 WEST PALM BEACH FL 33409-1939	931 VILLAGE BLVD SUITE 905-131 WEST PALM BEACH FL 33409-1939

000000187585O--7
-10/16/96--01002--029
****225.00 ****225.00

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

2 New Principal Office Address, If Applicable
931 VILLAGE BLVD
Suite, Apt. #, etc.
SUITE 905-196
City & State
WEST PALM BEACH, FL
Zip: 33409 Country:

3 New Mailing Office Address, If Applicable
931 VILLAGE BLVD
Suite, Apt. #, etc.
SUITE 905-196
City & State
WEST PALM BEACH, FL
Zip: 33409 Country:

4 Date Incorporated or Qualified To Do Business in Florida: 07/27/1995

5 FEI Number: 65-0595944 ☐ 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	KEONE, DEBORAH J	931 VILLAGE BLVD SUITE 905-131	WEST PALM BEACH FL 33409

000000187585O--7
-10/16/96--01002--030
****150.00 ****150.00

REINSTATEMENT GR 10/11/96
96

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: IRVING S. MARCUS, CPA
Street Address (P.O. Box Number is Not Acceptable): 5301 N. FEDERAL HWY.
Suite, Apt. #, Etc.: #160
City: BOCA RATON State: FL Zip Code: 33487

CR2E040 (7/96)

10 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: Irving S. Marcus CPA Date: 9/18/96
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.)

12 I certify that I am an 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: _____ 9/18/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #