

P96000013653
TRANSMITTAL LETTER

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

SUBJECT: ACE REHABILITATION 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 ☐ \$78.75 ☐ \$122.50 ☐ \$131.25

FROM: ERAN B. PARILLO
Name (printed or typed)

500001711495
-02/09/96--01065--006
*****70.00 *****70.00

8107 NORTH BLVD
Address

TAMPA, FL-33604
City, State & Zip

(813)930-9291
Daytime Telephone number

FILED
96 FEB -9 PM 4: 17
DEPT OF STATE
TALLAHASSEE FLORIDA

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

ARTICLES OF INCORPORATION
OF

FILED

96 FEB -9 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACE REHABILITATION SERVICES INC

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:

ACE REHABILITATION SERVICES INC

ARTICLE II PRINCIPAL OFFICE

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

8107 NORTH BLVD., TAMPA, FL-33604

ARTICLE III SHARES

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

THREE HUNDRED

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

FRANK B. PARILLO 8107 NORTH BLVD, TAMPA, FL-33604

ARTICLE V INCORPORATOR(S)

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

FRANK D. PARILLO

8107 NORTH BLVD, TAMPA, FL-33604

KARL R. SANDZIMIER

"

SALIL K. KOLAMBEKAR

"

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

5th day of February, 1996.

Frank D. Parillo
Signature

Karl R. Sandzimier
Signature

Salil K. Kolamбекar
Signature

Articles of Incorporation
Filing Fee - \$35

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

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: ACE REHABILITATION SERVICES INC

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

FRANK B. PARILLO

(Name)

8107 NORTH BLVD

(P.O. Box ~~not~~ acceptable)

TAMPA, FL-33604

(City/State/Zip)

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96 FEB -9 PM 4: 18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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.

Frank B. Parillo

(Signature)