

P96000023641

TRANSMITTAL LETTER

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

100001741011
-03/13/96--01031--003
*****70.00 *****75.00

SUBJECT: AmeriCare Home Rehab., Inc.
(Proposed corporate name - must include suffix)

100001741011
-03/13/96--01031--003
*****78.75 *****70.00

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

Additional Copy Required

FROM: Bonnie Diane DeRoia
Name (printed or typed)

5544 Riverton Road
Address

Jacksonville, FL 32277
City, State & Zip

(904) 744-6328
Daytime Telephone number

56 MAR 12 PM 4:05
TALLAHASSEE, FLORIDA

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

GB 3/15/96

ARTICLES OF INCORPORATION

96 MAR 12 PM 4:05

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: Americare Home Rehab., Inc.

ARTICLE II PRINCIPAL OFFICE

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

5544 Riverton Road
Jacksonville, FL 32277

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
100 par value of one dollar (\$1.00) per share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Bonnie Diane DeRoia
5544 Riverton Road
Jacksonville, FL 32277

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Bonnie Diane DeRois
5544 Riverton Road
Jacksonville, FL 32277

Danny Wayne Weldon
7854 Knoll Drive S.
Jacksonville, FL 32221

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

8th day of March, 19 96


Bonnie Diane DeRois Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: AmeriCare Home Rehab., Inc.

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

Bonnie Diane DeRoia
(NAME)

5544 Riverton Road
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Jacksonville, FL 32277
(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.

Bonnie Diane DeRoia
Bonnie Diane DeRoia (SIGNATURE)

Mar. 8th, 1996
(DATE)