

C.L. HENF, P.A.
CERTIFIED PUBLIC ACCOUNTANT

2550 Palm Day Road NE, Suite 203
 Palm Day, Florida 32908

P960000 33160

TALLAHASSEE, FLORIDA

65 MAR 12

FILE

TW: (407) 878-8338
 FAX: (407) 851-1120

March 13, 1996

Department of State
 Division of Corporations
 Post Office Box 6327
 Tallahassee, Florida 32314

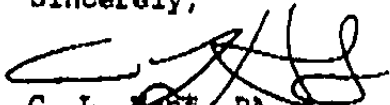
5.000017666PE
 -04/02/96--01087--021
 ***122.50 ***122.50

Dear Sir/Madam:

Enclosed are completed Articles of Incorporation for
 Ancor Rehabilitation Facility, Inc. and a check payable to
 the Secretary of State in the amount of \$122.50 for the
 associated filing fees.

Should you require any additional information, please do
 not hesitate to contact me.

Sincerely,



C. L. HENF, P.A.
 Certified Public Accountant

CLH:js

Encls.

P.S. Please forward said articles
 to: Michael Shaw, Inc.

40 WELTER CHIROPRACTIC CENTER
 1867 20th Avenue
 Vero Beach, FL 32960

W96 1553

2 R A address

49



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 8, 1996

MICHAEL SHORE MD
1867 20 AVE
VERO BEACH, FL 32960

SUBJECT: ANCOR REHABILITATION FACILITY, INC.
Ref. Number: W96000007553

FILED
96 APR 12 AM 8:39
TALLAHASSEE, FLORIDA

We have received your document for ANCOR REHABILITATION FACILITY, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

LISTED 2 DIFFERENT REGISTERED AGENT ADDRESS.,

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6904.

Freida Chesser
Corporate Specialist

Letter Number: 496A00016053

409 E GAINES ST.
TALLAHASSEE

32399

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

FILED
95 APR 12 AM 8:33
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

ARTICLE I - NAME

The name of this corporation is Ancor Rehabilitation Facility, Inc.

ARTICLE II - DURATION

This corporation shall have perpetual existence commencing on the date of this filing of these Articles with the Department of State.

ARTICLE III - PURPOSE

This corporation may engage in or transact any or all lawful activities or business under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE IV - CAPITOL STOCK

This corporation is authorized to issue 1,000 shares of \$1.00 per value common stock which shall be designated as "Common Shares".

ARTICLE V - PRE-EMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this corporation shall have the right to purchase his prorata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT
AND PRINCIPAL OFFICE

The street address of the initial registered office of this corporation is:

1867 20th Avenue
Vero Beach, Florida 32960

and the name of the initial registered agent of this corporation is:

Michael Shore

and the principal place of business of this corporation is:

2001 9th Avenue, Suite 201
Vero Beach, Florida 32960

ARTICLE VII - INITIAL BOARD OF DIRECTORS

The Corporation shall initially have one (1) director to hold office until the first annual meeting of stockholders and his successor shall have been duly elected and qualified, or until his earlier resignation, removal from office or death. The number of Directors may be either increased or decreased from time to time in accordance with the By-laws of the corporation. The name and address of the initial director is:

Michael Shore
1867 20th Avenue
Vero Beach, Florida 32960

ARTICLE VIII - INCORPORATOR

The name and address of the Incorporator signing these Articles is:

Michael Shore
1867 20th Avenue
Vero Beach, Florida 32960

ARTICLE IX - INDEMNIFICATION

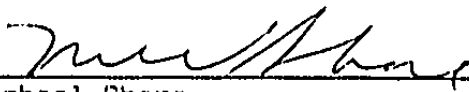
The corporation shall indemnify any Officer or Director, or former Officer or Director, to the full extent permitted by law.

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96 APR 12 8:38
TALLAHASSEE, FLORIDA

ARTICLE X - AMENDMENT

This corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation has executed these Articles of Incorporation in the date of signing.

Dated: March 27, 1996

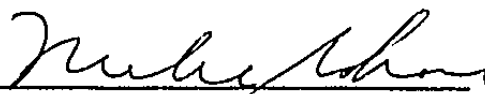

Michael Shore
Incorporator

Certificate designating place of business or domicile for the service of process within Florida, naming agent upon whom process may be served.

In compliance with Section 48.091, Florida Statutes, the following is submitted:

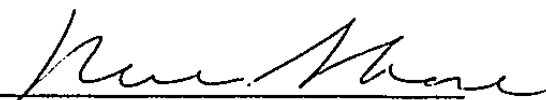
First that Ancor Rehabilitation Facility, Inc. desiring to organize or qualify under the laws of the State of Florida has named Michael Shore, M.D. of 1867 20th Avenue, Vero Beach, FL as its' agent to accept service of process within Florida.

Dated: March 27, 1996


Michael Shore, M.D.
Incorporator

Having been named to accept service of process for the above stated Corporation, Michael Shore, M.D. of 1867 20th Avenue, Vero Beach, FL 32960 at the place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all Statutes relative to the proper performance of my duties.

Dated: March 27, 1996


Michael Shore, M.D.
Incorporator

P96000033160

ANCOR, Inc.
2001 9th Avenue
Suite 201
Vero Beach, FL 32900
(407) 770-9303

City/State/Zip Phone #

Office Use Only

FILED
97 AUG 15 1997
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

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97 AUG -7 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ☐ 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

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*****35.00 *****35.00

VS AUG 18 1997

VS AUG 10 1997

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

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ARTICLES OF DISSOLUTION
OF
ANCOR REHABILITATION FACILITY, INC.

The undersigned director, for the purposes of dissolving a corporation under the laws of the State of Florida adopts the following Articles of Dissolution of such corporation:

ARTICLE I

The name of this corporation is ANCOR REHABILITATION FACILITY, INC.

ARTICLE II

The Articles of Incorporation of said corporation were filed with the Department of State on April 12, 1996.

ARTICLE III

There has been no issuance of the corporation's shares of stock.

ARTICLE IV

All debts incurred by the corporation have been paid and no amounts remain outstanding.

ARTICLE V

All net assets of the corporation remaining at the time this corporation ceased transacting business have been distributed to the sole director.

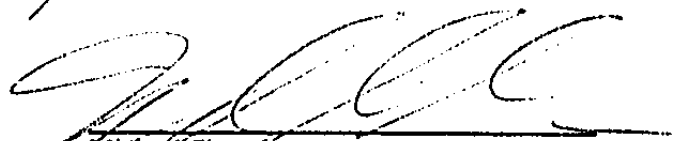
ARTICLE VI

The sole director has authorized the dissolution of this corporation. Said corporation

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97 AUG 11 AM 9:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA
FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

is dissolved and said dissolution is effective upon the date of these Articles of Dissolution.

IN WITNESS WHEREOF, the undersigned director has executed these Articles of
Dissolution this 8th day of August, 1997.


Michael Shore

STATE OF CALIFORNIA

COUNTY OF SAN FRANCISCO

BEFORE ME, personally appeared Michael Shore, who being first duly sworn and known to me to be the person named as the Director of ANCOR REHABILITATION FACILITY, INC., and he acknowledged before me that he executed these Articles of Dissolution.

WITNESS my hand and official seal in the County and State last aforesaid, this 4th
day of AUGUST, 1997.


NOTARY PUBLIC

GERALD C. BEHREND
(Printed Name of Notary)

My Commission Expires: APR 23, 1999

