

P96000037852

TRANSMITTAL LETTER

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

FILED
95 APR 26 PM 11:17
TALLAHASSEE, FLORIDA

SUBJECT: Medical & Rehabilitation, Asc. Inc.
(Proposed corporate name - must include suffix)

200001784852
-04/25/96--01082--004
*****78.75 *****78.75

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: Deborah K. Veinot
Name (printed or typed)

2310 Oak Court
Address

Pembroke Pines, FL 33026
City, State & Zip

954-436-5836
Daytime Telephone number

FL MAY - 2 1996

Deborah Veinot GAVE
AUTHORIZATION BY PHONE TO
CORRECT # Shares
DATE 4-2-96
DOC. EXAM OK

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

ARTICLES OF INCORPORATION

96 APR 26 PM 11:17

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:

Medical & Rehabilitation Ass. Inc

ARTICLE II PRINCIPAL OFFICE

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

2310 Oak Court
Pembroke Pines, FL 33026

ARTICLE III SHARES

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

10

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Deborah K. Vernot
2310 Oak Court
Pembroke Pines, FL 33026

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):

Deborah K. Vernot
2310 Oak Court
Pembroke Pines, FL
33026

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

23 day of April, 19 96.

(An additional article must be added if an effective date is requested.)



Signature

Signature

Signature

Notarization is not required

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: Medical & Rehabilitation Ass, Inc.
2. The name and address of the registered agent and office is:

Deborah K. Weinot
(NAME)
2310 Oak Court
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)
Pembroke Pines, FL 33026
(CITY/STATE/ZIP)

96 APR 26 PM 11:17
TALLAHASSEE, FLORIDA
STATE OF FLORIDA
DIVISION OF CORPORATIONS

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.

Deborah K. Weinot
(SIGNATURE)

4/23/96
(DATE)