

P9600.0038835

HOWARD RODGERS

Requestor's Name

500 SOUTH OCEAN BOULEVARD

Address

BOCA RATON, FLORIDA 33432

City/State/Zip

Phone #

Office Use Only

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

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -6, PM 2:37

- ☐ 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 checked="" 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

TELEPHONE 1-798-5147
-04/24/95--01104--003
***122.50 ***122.50

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

789-615-611-671
W96-9109

5/6/96



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 MAY -6 PM 2:37

April 29, 1996

HOWARD RODGERS
500 SOUTH OCEAN BOULEVARD
BOCA RATON, FL 33432

SUBJECT: CERTIFIED REHABILITATION SPECIALISTS, INC.
Ref. Number: W9600009109

We have received your document for CERTIFIED REHABILITATION SPECIALISTS, 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):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

The registered agent must sign accepting the designation.

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) 487-6973.

Claretha Golden
Document Specialist

Letter Number: 796A00020332

**FLORIDA
ARTICLES OF INCORPORATION
OF
CERTIFIED REHABILITATION SPECIALISTS, INC.**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 MAY -6 PM 2:37

The undersigned, for the purpose of forming a Corporation under the Florida General Corporation Act hereby adopt the following Articles of Incorporation:

ARTICLE I

The name of the corporation is CERTIFIED REHABILITATION SPECIALISTS, INC.

ARTICLE II

The address of the principal office is 500 S. OCEAN BOULEVARD, BOCA RATON, FLORIDA 33432.

ARTICLE III

The aggregate number of shares which the corporation has authority to issue is five hundred thousand (500,000), all of which shall be common shares with no par value.

ARTICLE IV

The street address of the corporation's initial registered office is 500 S. OCEAN BOULEVARD, BOCA RATON, FLORIDA 33432, and the name of its initial registered agent at this office is HOWARD RODGERS.

ARTICLE V

The name and address of the sole incorporator is:

HOWARD RODGERS
500 S. OCEAN BOULEVARD
BOCA RATON, FLORIDA 33432.

ARTICLE VI

The purposes for which the corporation is organized are to carry on any and all lawful business purposes not otherwise prohibited by law.

ARTICLE VII

The term of the corporation is perpetual.

ARTICLE VIII

The private property of the stockholders shall not be subject to payment of the corporate debts in any event.

ARTICLE IX

The corporation shall indemnify and insure its officers and directors to the fullest extent permitted by law either now or hereafter.

The undersigned has executed these articles of incorporation this 23rd day of April, 1996.

 (Seal)
HOWARD RODGERS, Incorporator

STATE OF FLORIDA

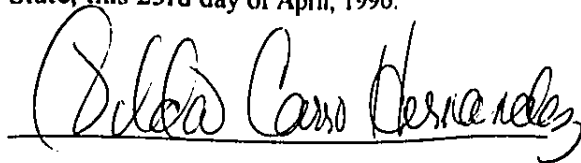


HILDA CARRO-HERNANDEZ
MY COMMISSION # CC272848 EXPIRES
March 30, 1997
BONDED THRU TROY FAIR INSURANCE, INC.

COUNTY OF DADE

BE IT REMEMBERED that on this day before me, a Notary Public, duly authorized in the State and County named above to take acknowledgments personally appeared HOWARD RODGERS, to me personally known to be the person described as the incorporator in the foregoing Articles of Incorporation, and he acknowledged before me that he executed said Articles of Incorporation.

WITNESS my official hand and seal at the city of MIAMI, said County and State, this 23rd day of April, 1996.



NOTARY PUBLIC
STATE OF FLORIDA AT LARGE

(Seal)



HILDA CARRO-HERNANDEZ
MY COMMISSION # CC272848 EXPIRES
March 30, 1997
BONDED THRU TROY FAIR INSURANCE, INC.

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 MAY -6 PM 2:37

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: CERTIFIED REHABILITATION SPECIALISTS, INC.
2. The name and address of the registered agent and office is:

HOWARD RODGERS
500 S. OCEAN BOULEVARD
BOCA RATON, FLORIDA 33432

SIGNATURE: _____

TITLE: _____

Incorporator

DATE: _____

4/23/96

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.

SIGNATURE: _____

DATE: _____

4/23/96

REGISTERED AGENT FILING FEE: \$35.00