

# P96000065977

## CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904) 224-8870

Mailing Address: Post Office Box 10349, Tallahassee, FL 32302

TOLL FREE No. 1-800-342-8062

FAX (904) 222-1222

NAME \_\_\_\_\_

FIRM \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

Service: Top Priority \_\_\_\_\_ Regular \_\_\_\_\_  
One Day Service Two Day Service

To us via \_\_\_\_\_ Return via \_\_\_\_\_

Master No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

FILED

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RECEIVED BY FAX  
TALLAHASSEE, FL 32302

**TAL** JUL - 7 1996

REQUEST TAKEN CONFIRMED APPROVED

DATE \_\_\_\_\_

TIME \_\_\_\_\_ CK No. \_\_\_\_\_

BY \_\_\_\_\_

WALK-IN  
Will Pick Up \_\_\_\_\_

HE: Robert Connolly No 53085

	C.C. FEE.	DISBURSED
<input type="checkbox"/> Capital Express™		
<input checked="" type="checkbox"/> Art. of Inc. File		
<input type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership File		
<input type="checkbox"/> Foreign Corp. File		
<input checked="" type="checkbox"/> ( ) Cert. Copy(s)		
<input type="checkbox"/> Art. of Amend. File		
<input type="checkbox"/> Dissolution/Withdrawal		
<input type="checkbox"/> C U B.		
<input type="checkbox"/> Fictitious Name File		
<input type="checkbox"/> Name Reservation		
<input type="checkbox"/> Annual Report/Notstatement		
<input type="checkbox"/> Reg. Agent Service		
<input type="checkbox"/> Document Filing		
<input type="checkbox"/> Corporate Kit		
<input type="checkbox"/> Vehicle Search		
<input type="checkbox"/> Driving Record		
<input type="checkbox"/> Document Retrieval		
<input type="checkbox"/> UCC 1 or 3 File		
<input type="checkbox"/> UCC 11 Search		
<input type="checkbox"/> UCC 11 Retrieval		
<input type="checkbox"/> File No.'s, _____ Copies		
<input type="checkbox"/> Courier Service		
<input type="checkbox"/> Shipping/Handling		
<input type="checkbox"/> Phone ( )		
<input type="checkbox"/> Top Priority		
<input type="checkbox"/> Express Mail Prop.		
<input type="checkbox"/> FAX ( ) pgs.		
<b>SUBTOTALS</b>		

FEE.....	\$ _____
DISBURSED.....	\$ _____
SURCHARGE.....	\$ _____
TAX on corporate supplies.....	\$ _____
SUBTOTAL.....	\$ _____
PREPAID.....	\$ _____
BALANCE DUE.....	\$ _____
	\$ _____

Please remit invoice number with payment  
TERMS: NET 10 DAYS FROM INVOICE DATE  
1 1/2% per month on Past Due Amounts  
Past 30 Days, 18% per Annum.

THANK YOU  
from  
Your Capital Connection

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**ARTICLES OF INCORPORATION**  
**OF**  
**REHAB UNLIMITED, INC.**

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We, the undersigned incorporators, hereby associate ourselves together and make, subscribe, acknowledge and file with the Secretary of State of the State of Florida these articles of Incorporation for the purpose of forming a corporation for profit in accordance with the laws of the State of Florida.

**ARTICLE I, NAME**

The name of this Corporation shall be **REHAB UNLIMITED, INC.**

**ARTICLE II, NATURE OF BUSINESS**

The general nature of the business to be transacted by this corporation is to engage in any activity or business permitted under the laws of the United States and of the State of Florida, in accordance with and as permitted by the Florida General Corporation.

**ARTICLE III, TERM OF EXISTENCE**

The term for which said corporation shall exist shall be perpetual, unless sooner dissolved by law.

**ARTICLE IV, CAPITAL STOCK**

The maximum number of shares of stock to be issued by this corporation shall be 1000 shares of common stock having par value of fifty (\$.50) cents per share.

**ARTICLE V, CAPITAL**

The amount of capital with which said corporation shall begin business shall be the sum of Five Hundred (\$500.00) dollars.

**ARTICLE VI, PREEMPTIVE RIGHTS**

Every shareholder, upon the sale for cash of any new stock of this corporation of the same kind, class, or series as that which he already holds, shall have the right to purchase his pro rate share thereof at the price at which it is offered to others.

### **ARTICLES VII, PRINCIPAL PLACE OF BUSINESS**

The post office address of the principal place of business of the corporation shall be 37814 Medical Arts Court, Zephyrhills, Florida 33541-4325 with other offices, agencies and branches at such places as may be determined by the Board of Directors.

### **ARTICLE VIII, DIRECTORS**

The business of the corporation shall be conducted by a Board of Directors of not less than one (1) in number nor more than five (5) in number. The name and address of the first Board of Directors, who subject to this Charter, the By-laws of this corporation and the laws of the State of Florida, shall hold office for the first year of the corporation's existence or until an election is held by the stockholders for the election of directors and their successors have been duly elected and qualified is:

**TRACEY R. ROBERTS, 28138 Miller Road, Dade City, FL 33525.**

The said Directors shall annually elect a President, Secretary and a Treasurer, and may elect one or more Vice-presidents for the corporation and it shall not be necessary that these officers be stockholders in the corporation. Any officer may hold two or more offices. The Directors shall also designate a Resident Agent to serve at all times in compliance with Chapter 48.091 F.S. Upon the death, resignation, removal, or inability of any officer or Resident Agent to continue as such, his successor shall be elected by the Board of Directors.

### **ARTICLE IX, SUBSCRIBERS**

The name and address of the subscriber to these Articles of Incorporation is:

**TRACEY R. ROBERTS, 37814 Medical Arts Court, Zephyrhills, Florida 33541-4325**

## RESIDENT AGENT AND ADDRESS

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

37814 Medical Arts Court, Zephyrhills, Florida 33541-4325

and the registered agent at that address is:

TRACEY R. ROBERTS.

IN WITNESS WHEREOF the parties hereto have hereunto set their hands and seals this 6th day of August, 1996 AD.

WITNESSES:

\_\_\_\_\_

\_\_\_\_\_

Tracey R. Roberts (SEAL)  
TRACEY R. ROBERTS

STATE OF FLORIDA

COUNTY OF PASCO

BEFORE ME the undersigned authority, personally appeared to me well known and known to me to be the person described in and who executed the foregoing Articles of Incorporation, and he acknowledged to me that he executed the same freely and voluntarily for the uses and purposes therein expressed.

WITNESS my hand and official seal this 6th day of August, 1996 AD.

Julie S. Zanko  
NOTARY PUBLIC



JULIE S ZANKO  
My Commission CC487382  
Expires May, 24, 1999  
Bonded by HAI  
800-422-1555

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE  
FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING  
AGENT UPON WHOM PROCESS MAY BE SERVED.**

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted in compliance with said Act.

First - That **REHAB UNLIMITED, INC.**, desiring to organize under the laws of the State of Florida with its principal office, as indicated in the Articles of Incorporation at City of Zephyrhills, County of Pasco, State of Florida, has named:

**TRACEY R. ROBERTS, 37814 Medical Arts Court, Zephyrhills, Florida 33541-4325**  
as agent to accept service of process within this state.

**ACKNOWLEDGEMENT:**

Having been named to accept service of process for the above stated corporation, at place designed in this certificate. I hereby accept to Act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

Tracey R Roberts  
**TRACEY R. ROBERTS**

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CLERK OF DISTRICT COURT  
STATE OF FLORIDA