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TRANSMITTAL LETTER

RECEIVED  
96 AUG -8 PM 3:06  
DIVISION OF CORPORATION

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

SUBJECT: CORDOVA SQUARE FAMILY MEDICAL & REHABILITATION  
(Proposed corporate name - must include suffix) CENTER, INC.

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:

JAMES MOORE, M.D.  
Name (printed or typed)

500001217235  
10/03/96--01002--003  
++++78.75 +++++78.75

P.O. BOX 6073  
Address

TALLAHASSEE, FL 32314  
City, State & Zip

904-216-1746  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

96 AUG -8 PM 3:18

FILED

will wait

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

D. BROWN AUG - 8 1996

## ARTICLES OF INCORPORATION

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96 AUG -8 PM 3:18  
TALLAHASSEE, FLORIDA

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:

CORDOVA SQUARE FAMILY MEDICAL & REHABILITATION  
CENTER, INC.

### ARTICLE II PRINCIPAL OFFICE

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

P.O. BOX 6073  
TALLAHASSEE, FL 32314

### ARTICLE III SHARES

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

2

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

EBONIE CRYSTAL MOORE  
2731 BLAIR STONE RD. #170  
TALLAHASSEE, FL 32301

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):

EBONIE CRYSTAL MOORE  
NICOLE MOORE

2731 BLAIR STONE RD. #170  
TAIHAHASSEE, FL ~~32301~~  
32301

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

8 day of AUGUST, 19 96.

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

Ebonie C. Moore  
Signature

Nicole Moore  
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: CORDOVA SQUARE FAMILY MEDICAL  
& REHABILITATION CENTER, INC.
2. The name and address of the registered agent and office is:

EBONIE CRYSTAL MOORE  
(NAME)

2731 BLAIR STONE RD. #120  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

TALLAHASSEE, FL 32301  
(CITY/STATE/ZIP)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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.*

Ebonie C. Moore  
(SIGNATURE)

8/8/96  
(DATE)