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EMPIRE CORPORATE KIT

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12/10/96

FLORIDA DIVISION OF CORPORATIONS
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FROM: EMPIRE CORPORATE KIT COMPANY
CONTACT: RAY STORMONT
PHONE: (305)541-3694

ACCT#: 072450003255

FAX #: (305)541-3770

NAME: NETWORK REHAB, INC.

AUDIT NUMBER.....H96000017287

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS..0

PAGES..... 4

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TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION
OF
NETWORK REHAB, INC.

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:

NETWORK REHAB, INC.

ARTICLE II PRINCIPAL OFFICE

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

2327 Shenandoah Street
Lakeland, FL 33813

ARTICLE II SHARES

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

200

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Karen Sugerman, Esq.
18301 Biscayne Boulevard
Second Floor
Aventura, Fl 33160

Prepared by:
Karen Sugerman, Esq.
18301 Biscayne Boulevard
Second Floor
Aventura, Fl 33160
(305) 936-8891

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ARTICLE VI INCORPORATOR(S)

The names(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

James Allen
2327 Shenandoah Street
Lakeland, FL 33813

The undersigned incorporator(s) have executed these articles of incorporation this 9th day of December, 1996.


JAMES ALLEN

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

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: NetWork Rehab, Inc.

2. The name and address of the registered agent and office is:

Karen Sugerman, Esq.

(NAME)

18301 Biscayne Blvd., 2nd Floor

(P.O. BOX NOT ACCEPTABLE)

Aventura, Florida 33160

(CITY/STATE/ZIP)

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SECRETARY OF STATE
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.

SIGNATURE Karen Sugerman

DATE 12/05/96

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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

August 20, 1997

NETWORK REHAB, INC.
5100 NORTH FEDERAL HIGHWAY #404
FT. LAUDERDALE, FL 33308

SUBJECT: NETWORK REHAB, INC.
Ref. Number: P96000099642

Debit Memo #: 80588-E

This is to inform you that check #1081 in the amount of \$550.00 submitted with the annual report for NETWORK REHAB, INC. has been returned by your bank because of NON-SUFFICIENT FUNDS.

We request you remit a cashier's check or money order, referencing the above named debit memo number, in the amount of \$577.50 made payable to the Department of State to cover the unpaid fees and service charge.

Section 607.1421 or 617.1421, Florida Statutes, requires at least 60 day notice of our intent to administratively dissolve or revoke your corporation for failure to file the annual report and pay the filing fee. Consider this your 60 day notice if the payment is not received, your corporation will be administratively dissolved or revoked on or after October 20, 1997 and a reinstatement fee of an additional \$585 will be imposed to reactivate the corporation.

Please send the replacement check to my attention at the address listed below.

If you have any questions concerning the filing of your document, please call (850) 487-6057.

Pat Bailey
Accountant I

Letter Number: 197A00042092