

P9700001156

TRANSMITTAL LETTER

FROM:

Name of corporation: Fullcircle Rehab, Inc.

Street address of the corporation

236 Charles Street, Longwood, Florida 32750

FILED  
97 JAN 31 PM 4:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEAR CORPORATIONS DIVISION:

Please find enclosed:

1. An original Articles of Incorporation and one copy for the above named corporation.
2. A certified check or money order in the amount of \$ 70<sup>00</sup> for filing fees.

A certified copy ☒ is ☐ is not requested.

If a certified copy is requested, the additional fee in the amount of \$ 52<sup>50</sup> is enclosed.

\$122.50 TOTAL

800002074908--3  
-01/31/97--01049--013  
\*\*\*\*122.50 \*\*\*\*122.50

Please send responses or receipts concerning this filing to the above address.  
Thank you very much.

Date: 1/27/97

Name of Incorporator: Keith Phillips

Signature of Incorporator:

*Keith Phillips*

AL FEB - 4 1997

ARTICLES OF INCORPORATION  
of

Fullcircle Rehab, Inc.

FILED

97 JAN 31 PM 4: 14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to Chapter 607 of the Florida Business Corporation Act, the undersigned incorporator submits these articles of Incorporation for the purpose of forming a for-profit corporation.

**Article 1.** The name of the Corporation is:

Fullcircle Rehab, Inc.

**Article 2.** The principal place of business and mailing address of this corporation is:

236 Charles Street, Longwood, Florida 32750

**Article 3.** The corporation is authorized to issue one class of stock, that being 1,000 shares of no par value, common stock, with identical rights and privileges, the transfer of which is restricted according to the bylaws of the corporation.

**Article 4.** The name and address of the corporation's initial registered agent is:

Keith Phillips 236 Charles Street, Longwood, Florida 32750

**Article 5.** The name and street address of the incorporator of this corporation is:

Keith Phillips 236 Charles Street, Longwood, Florida 32750

**Article 6.** No Director shall be held liable to the corporation or its shareholders for monetary damages due to a breach of fiduciary duty, unless the breach is a result of self-dealing, intentional misconduct, or illegal actions.

In witness whereof, the undersigned incorporator has executed these Articles of Incorporation on the date below. The undersigned incorporator hereby declares, under penalty of perjury, that the statements made in the forgoing Articles of Incorporation are true, and that the incorporator is at least eighteen years of age.

Date: 1/27/97

Name of Incorporator:

Keith Phillips

Signature of Incorporator:

*Keith Phillips*

**CERTIFICATE OF DESIGNATION  
OF  
REGISTERED OFFICE AND REGISTERED AGENT**

Pursuant to section 607.0501 of The Florida Business Corporation Act, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office and registered agent, in the State of Florida.

Fullcircle Rehab, Inc.

1. The name and address of the corporation's registered agent and registered office is:

Name	Keith Phillips
Street address	236 Charles Street, Longwood, Florida 32750

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Having been named as the 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 of registered agent:



Date of signature:

1/22/97