

P97000026873

TRANSMITTAL LETTER

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

700002119147--6
-03/20/97--01072--016
****131.25 ****131.25

SUBJECT: ALLIED MEDICAL AND REHAB CENTER, INC.
(Proposed corporate name - must include suffix)

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: MARY JUNE GONZALES
Name (Printed or typed)

8649 N. HIMES AVENUE #319
Address

TAMPA FL 33614
City, State & Zip

813 / 933 5197
Daytime Telephone number

FILED
97 MAR 20 AM 7:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MARY _____ GAVE
AUTHORIZATION BY PHONE TO
CORRECT ADD OFFICER'S
DATE 3/26/97
DCC EXAM no

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

no 3/26/97

ARTICLES OF INCORPORATION

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:

ALLIED MEDICAL AND REHAB CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

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

2310 WEST WATERS AVENUE
SUITE B
TAMPA, FL 33604

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ARTICLE III SHARES

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

100 shares of common stock having \$1.00 par value per share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MARY JUNE GONZALES
2310 WEST WATERS AVENUE
SUITE B
TAMPA, FL 33604

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):

PST MARY JUNE GONZALES
2310 WEST WATERS AVENUE
SUITE B
Tampa, FL 33604

VP MARY E. GONZALES
SAML

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

17 day of MARCH, 19 97.

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



Signature

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 ALLIED MEDICAL AND REHAB CENTER, INC.

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


MARY JUNE GONZALES
(NAME)

2310 WEST WATERS AVENUE, SUITE B
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

TAMPA, FLORIDA 33604
(CITY/STATE/ZIP)

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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)

3.17.97
(DATE)