P97000032380

DATE: March 7, 1997

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

600002114306--4 -03/14/97--01116--010 ****122.50 ****122.50

Re: **ProRehab**, Co. (Name of Corporation)

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation fro the above named corporation.

Very truly yours,

Rosalina Yu Kepley (Individual Name

ProRehab. Co.
Name of the Corporation

MAILING ADDRESS OF CORPORATION/COMPANY

1801 Colonade St. Inverness, Florida 34453 Telephone #: (352) 637-5823

W97-6404



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

March 19, 1997

ROSALINA YU KERLEY 1801 COLONADE ST. INVERNESS, FL 34453

SUBJECT: PROREHAB CO. Ref. Number: W97000006404

We have received your document for PROREHAB CO. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

THE REGISTERED AGENT LISTED IN YOUR ARTICLES OF INCORPORATION MUST BE CONSISTENT THROUGHOUT THE DOUCMENT..

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6052.

Letter Number: 697A00013891

Sandy Ng Document Specialist April 8, 1997

Sandy Ng Document Specialist Florida Department of State

Letter Number: 697A00013891

SUBJECT: PROREHAB CORP. Ref. Number: **W97000006404**

Returning the corrected document for PROREHAB CORP. As follows:

1. Company name: From PROREHAB CO. To: PROREHAB CORP.

2. Completed (one) incorporator name, business address and signature.

I Thank you for the immediate response that your rendering. If more information needed please call (352) 637-5823.

Respectfully,

Rasalina Yu Kerley

ARTICLES OF IN	_	ON [5	
PROREHAZ .		97.45	10 AM 8: 37
	orporation)	J/APP	10 7/21 0
The undersigned acting as the incorporators of a corporation the following articles of incorporation for such corporation:		a Business Cor	poration Act, adopt(s)
ARTICLE I - COI	RPORATE NAME		
The name of the corporation is: PROREHAB	CORP		
	- DURATION		
This corporation shall exist perpetually unless dissolved ac	cording to Florida	law.	
ARTICLE II.	I - PURPOSE		
The corporation is organized for the purpose of engaging i United States and the State of Florida.	n any activities or	business permi	tted under the laws of the
ARTICLE IV - 0	CAPITAL STOCK		
The corporation is authorized to issueshares	of common stock,	par value \$	per share.
ARTICLE V - INITIA. The street address of the initial principal office and, if diff			
STREET ADDRESS			
1801 COLONADE ST.			
CITY INVERNESS.	FLORIDA	FL.	ZIP 3441=
Mailing address, if different			
STREET ADDRESS			
CITY	FLORIDA		ZIP
ARTICLE VI - INITIAL REGI	STERED OFFIC	'E AND AGEN	ı T
The street address of the initial registered office and	the name of the	initial register	ed agent at the office is
NAME ROSAZINA YU KORLOY			
ADDRESS 1801 COLONADE ST.	710	 	
CITY TAVERDES	FLORIDA	FZ	ZIP 3 4 40(3

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have _	ONE	(_(/_)) directors initially. The number of directors may be
either increased or diminished fror	n time to time by	the By-Laws, I	but shall never be less than one (1). The names and
addresses of the initial director(s)	of the corporation	are as follows	3:

NAME BOSALINA Y4 KERL	 \$\forall	
ADDRESS 1801 COLONATOR	S7.	
CITY FRUERNESS	STATE FZ.	ZIP 34453
NAME / /		
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP

ARTICLE VIII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

ADDRESS 1801 C	2601) A-05		
	··	<u> </u>	
CITY INVORA	088	STATE FC.	ZIP 3 445-3
NAME			
ADDRESS	Λ		
CITY		STATE	ZIP
NAME			
ADDRESS		NON	JB
CITY		STATE	ZIP

(Signature)

(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, organized under the laws of the State of Florida with its registered of as indicated in the Articles of Incorporation at SOI COLOMADE ST. TOUBRNESS, FL. 34453 has named ROSA(INA YU KER(EY) located at the aforesaid address, as its registered agent to accept service of process within the state.	ice
as indicated in the Articles of Incorporation at	ice
at	
TNVBRNOSS, FL. 34453 has named ROSA (INA YU KOR (BY located at the aforesaid address, as its registered agent to accept service of process within the	
located at the aforesaid address, as its registered agent to accept service of process within the	
state.	3
-,· · ·	

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.

noline July 3-7-97
(Signature) (Date)