

P.O. Box 24237
Jacksonville, FL 32241-4237

(904) 292-3080
(904) 292-0131 Fax

P97000034702

Helen Lewis

April 7, 1997

Division of Incorporation
P.O. Box 6327
Tallahassee, FL 32314

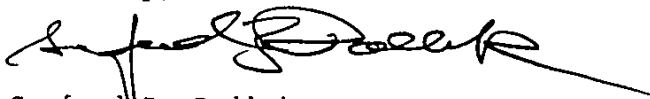
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-04/10/97--01066--003
****131.25 ****131.25

Re: Functional Rehabilitation Services, Inc.

To Whom It May Concern;

Please see the enclosed Bylaws for Functional Rehabilitation Service, Inc. along with a check in the amount of \$131.25 to take care of the initial fee for the incorporation and a certified copy of same from the state of Florida.

Sincerely,



Sanford Z. Pollak

APR 11 1997

BSB

707

W97-8519

FILED
97 APR 17 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 11, 1997

SANFORD Z. POLLAK
P. O. BOX 24237
JACKSONVILLE, FL 32241-4237

SUBJECT: FUNCTIONAL REHABILITATION SERVICES, INC.
Ref. Number: W97000008519

We have received your document for FUNCTIONAL REHABILITATION SERVICES, INC. and check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 487-6925.

Brenda Baker
Corporate Specialist

Letter Number: 897A00018451



TRAUMA AND PAIN MANAGEMENT CENTERS, P.A.

Specializing in Personal Injuries

P.O. Box 24237
Jacksonville, FL 32241-4237

(904) 292-3080
(904) 292-0131 Fax

Mo Baker,

Enclosed please find the forms
you faxed to me. If there is a problem
please call me at the above numbers.
I float between three offices but if
you tell the girls at this office you
need to talk to me they will contact
me. I will work with you as needed
to get this accomplished.

When this goes through would
you be so kind as to fax me or call
& let me know. We need to get a
Federal tax # as soon as possible.

Thank you for all your help.

Sincerely

Helen L. Lewis
Administrator

TRANSMITTAL LETTER

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

SUBJECT: Functional Rehabilitation Services, 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: Sanford Z. Pollak, D.O.
Name (Printed or typed)

P. O. Box 24237
Address

Jacksonville, FL 32241-4237
City, State & Zip

(904) 292-3080
Daytime Telephone number

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

ARTICLES OF INCORPORATION

FILED

97 APR 17 PM 2:44

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.

SECRET
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Functional Rehabilitation Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

9765 San Jose Boulevard
Jacksonville, FL 32257

Mailing Address: P. O. Box 24237
Jacksonville, FL 32241-4237

ARTICLE III SHARES

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

Total number of Shares = 100 Shares
Par Value = \$1.00 per Share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Cheryl C. Pollak
7911 Hunters Grove Road
Jacksonville, FL 32256

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):

President: Sanford Z. Pollak
P. O. Box 24237
Jacksonville, FL 32241-4237

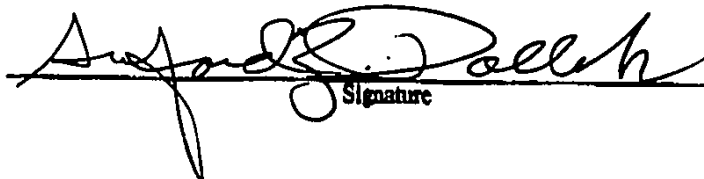
Treasurer: Gaylord Bolduc
8821 Nature View Lane, West
Jacksonville, FL 32217

Secretary: Sanford Z. Pollak
P. O. Box 24237
Jacksonville, FL 32241-4237

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

16th day of April, 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 Functional Rehabilitation Services, Inc.

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

Cheryl C. Pollak

(NAME)

7911 Hunters Grove Road

(P. O. BOX or Mail Drop Box **NOT** ACCEPTABLE)

Jacksonville, FL 32256

(CITY/STATE/ZIP)

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.

Cheryl C. Pollak
(SIGNATURE)

April 16, 1997

(DATE)

FILED
97 APR 17 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA