

11/1/97 11/1/97

Requestor's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Office Use Only

**PA 7000034838**

- CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):
1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
  2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
  3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
  4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- ☐ Walk in    ☐ Pick up time \_\_\_\_\_    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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 -04/17/97--01057--004  
 \*\*\*\*\*70.00 \*\*\*\*\*70.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

57 APR 17 1997  
 APR 18 1997  
*[Signature]*

Examiner's Initials	
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**FLORIDA DEPARTMENT OF STATE**

**Sandra B. Mortham**  
Secretary of State

April 10, 1997

**ANNETTE S. PICHARDO**  
3588 MAIN HIGHWAY  
MIAMI, FL 33133

**SUBJECT: DOVE REHAB, INC.**  
Ref. Number: W97000008394

We have received your document for DOVE REHAB, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$.

The corporate fees are as follows:

**CORPORATIONS FILING FEES**

Profit and NonProfit  
Florida & Foreign Corp.

Filing Fees	\$35.
Registered Agent Designation	\$35.
Certified Copy	<del>\$52.50</del>
Total Fee Due	<del>\$122.50</del> 70.00

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) 487-6933.

**Dana Calloway**  
Document Specialist

Letter Number: 597A00018152

**ARTICLES OF INCORPORATION**

**OF**

DOVE 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:

DOVE REHAB, INC.

**ARTICLE II PRINCIPAL OFFICE**

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

MAILING ADDRESS: 3588 MAID. HIGHWAY  
MIAMI, FL 33133

Principal Place of Business: UNKNOWN  
**ARTICLE III CAPITAL STOCK**

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

1000 SHARES OF COMMON STOCK WITH NO PAR  
VALUE

**ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

ANNETTE S. PICHARDO  
3588 MAID. HIGHWAY  
MIAMI, FL 33133

**ARTICLE V INCORPORATOR(S)**

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

ANNETTE S. RICHARDS  
3588 MAIN HIGHWAY  
MIAMI FL 33133

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

3<sup>rd</sup> day of APRIL, 19 97.

Annette Richards, President  
Signature/Title

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

**CERTIFICATE OF DESIGNATION**  
**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: DOVE REHAB, INC.

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

ANNETTE S. RICHARDS

(NAME)

3588 MAIN HIGHWAY

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FL 33133

(CITY/STATE/ZIP)

SIGNATURE Annette S. Richards  
(corporate officer)

TITLE PRESIDENT

DATE 4/3/97

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 Annette S. Richards

DATE 4/3/97

REGISTERED AGENT FILING FEE: \$35.00

FILED  
APR 17 1997  
SECRET  
TALLAHASSEE, FLORIDA