

*Phoenix Rehabilitation Corp.* 70247

Requestor's Name  
 890 S.W. 87 AVENUE SUITE: 16  
 Address  
 MIAMI, FLORIDA 33174 (305) 552-5973  
 City/State/Zip Phone #  
 LOCAL REPRESENTATIVE TALLAHASSEE

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Phoenix Rehabilitation Corp.  
 (Corporation Name) (Document #)
2. \_\_\_\_\_  
 (Corporation Name) (Document #)
3. \_\_\_\_\_  
 (Corporation Name) (Document #)
4. \_\_\_\_\_  
 (Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00 ☒ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" 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

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

FILED  
 97 AUG 13 PM 3:19  
 TALLAHASSEE, FLORIDA

*NA 1057-18586*

RECEIVED  
 97 AUG 12 AM 11:30  
 TALLAHASSEE, FLORIDA

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

August 12, 1997

LAZARUS

MIAMI, FL

SUBJECT: PHOENIX REHABILITATION, CORP.  
Ref. Number: W97000018586

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

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of 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 (850) 487-6934.

Loria Poole  
Corporate Specialist

Letter Number: 597A00040810

RECEIVED  
97 AUG 13 PM 2:57

ARTICLES OF INCORPORATION  
OF  
UNITY REHABILITATION, CORP.

97 AUG 13 PM 3:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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:

UNITY REHABILITATION, CORP.

**ARTICLE II: PRINCIPAL OFFICE**

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

10240 SW 56 ST  
SUITE 112D  
MIAMI, FL 33165

**ARTICLE III: CAPITAL STOCK**

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

500

**ARTICLE IV: INITIAL REGISTERED AGENT & ADDRESS**

The name and address of the initial registered agent is:

OSCAR FRANCISCO ANGULO  
10240 SW 56 ST  
SUITE 112D  
MIAMI, FL 33165

**ARTICLE V: INCORPORATOR(S)**

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

OSCAR FRANCISCO ANGULO  
10240 SW 56 ST  
SUITE 112D  
MIAMI, FL 33165

The undersigned has (have) ~~executed~~ these Articles of  
Incorporation this 11<sup>th</sup> day of August,  
1997

  
Signature/Title

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, 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:

UNITY REHABILITATION, CORP.

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

OSCAR FRANCISCO ANGULO  
10240 SW 56 ST  
SUITE 112D  
MIAMI, FL 33165

SIGNATURE: *Oscar Angulo*

(Corporate Officer)

TITLE: *President*

DATE: *August 11, 1997*

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE: *Oscar Angulo*

DATE: *August 13, 1997*

REGISTERED AGENT FILING FEE: \$20.00

FILED  
AUG 13 PM 3:19  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA