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TRANSMITTAL LETTER

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

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-12/17/97--01015--001
****131.25 ****131.25

SUBJECT: NMB. SPINAL REHAB. AND DIAGNOSTIC 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:

ANDREW DAVID SANDS D.C.
Name (Printed or typed)

3300 NE 19TH ST APT 805-BC2
Address

AVENTURA FL 33180
City, State & Zip

305- 792 0653

Daytime Telephone number

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

N.M.B. SPINAL Rehab. AND DIAGNOSTIC CENTER INC.

ARTICLE II PRINCIPAL OFFICE

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

155 NW 16TH ST Suite 302
NORTH MIAMI BEACH FL 33169

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Andrew DAVID SANDS D.C. 3300 NE 191ST APT 805 BC2
AVENTURA FL 33180

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Andrew DAVID SANDS D.C. 3300 NE 191ST APT 805 BC2
AVENTURA FL 33180 PRESIDENT

Andrew D. Sands D.C.
Signature/Incorporator

12/4/97
Date

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

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

Andrew D. Sands D.C.
Signature/Registered Agent

12/4/97
Date

FILED
97 DEC 17 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA