

P98000003053

Requestor's Name

Best Quirk ^{Address}
310 S Burnby
Orlando, FL 32803

Office Use Only

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

1. _____ (Corporation Name) (Document #)
2. _____ (Corporation Name) (Document #)
3. _____ (Corporation Name) (Document #)
4. _____ (Corporation Name) (Document #)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JAN -9 PM 2:40

- ☐ 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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*****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

1-12-98
425

Examiner's Initials

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

REHAB CARE ASSOCIATES, INC.

ARTICLE II PRINCIPAL OFFICE

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

13406 CORTEZ BLVD
BROOKSVILLE, FL 34613

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ARTICLE III SHARES

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

100 SHARES- NO PAR VALUE
JAMES E O'SHEA-50 SHARES
MARILYN A O'SHEA-50 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

PABLO A RODRIGUEZ
310 S BUMBY
ORLANDO, FL 32803

ARTICLE V INCORPORATORS

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

Pablo Rodriguez, CPA
310 1/2 S. Bumby
Orlando, FL 32803

ARTICLE VI DIRECTORS

The company will be run by the board of directors. The directors are:

JAMES E O'SHEA
MARILYN A O'SHEA

ARTICLE VII OFFICERS

JAMES E O'SHEA-PRESIDENT
MARILYN A O'SHEA-VICE PRESIDENT

ARTICLE IX NATURE OF BUSINESS

THE CORPORATION WILL ENGAGE IN THE BUSINESS OF PROVIDING OUTPATIENT PHYSICAL THERAPY SERVICES. THE FOREGOING PURPOSES AND ACTIVITIES WILL BE INTERPRETED AS EXAMPLES ONLY AND NOT AS LIMITATIONS, AND NOTHING THEREIN SHALL BE DEEMED AS PROHIBITING THE CORPORATION FROM EXTENDING ITS ACTIVITIES TO ANY RELATED OR OTHERWISE PERMISSIBLE LAWFUL BUSINESS PURPOSES WHICH MAY BECOME NECESSARY, PROFITABLE OR DESIRABLE FOR THE FURTHERANCE OF THE CORPORATE OBJECTIVES EXPRESSED ABOVE.

The undersigned Incorporator has executed these Articles of Incorporation this 6th day of January 1998.


signature

ADDRESS FOR:
JAMES E O'SHEA
9576 SOUTHERN BELLE DR
WEEKI WACHEE, FL 34613

ADDRESS FOR:
MARILYN A O'SHEA
9576 SOUTHERN BELLE DR.
WEEKI WACHEE, FL 34613

**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: REHAB CARE ASSOCIATES
INC.

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

PABLO RODRIGUEZ
(NAME)

310 1/2 S BUNBY
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

ORLANDO FL 32803
(CITY/STATE/ZIP)

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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)

1/4/98
(DATE)