

# P9800025297

## TRANSMITTAL LETTER

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

SUBJECT: ACTION DISABILITY CLINICS, INC.  
(Proposed corporate name - must include suffix)

400002444544--3  
-03/02/98--01153--006  
\*\*\*\*131.25 \*\*\*\*131.25

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:

GEORGE EICHELHART

Name (printed or typed)

9420 JOHNSON ST.

Address

PEMBROKE PARK, FL 33024

City, State & Zip

(954) 327-5093

Daytime Telephone number

98 MAR -2 PM 2:59

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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

3-3-98  
les

Articles of Incorporation  
OF

ACTION DISABILITY CLINICS, Inc.

FILED  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
98 MAR -2 PM 3:00

The undersigned subscriber to these Articles of Incorporation, hereby forms a corporation under the Florida General Corporation Act.

ARTICLE I

The name of the corporation is: ACTION DISABILITY CLINICS, Inc.

ARTICLE II

The duration of the corporation is perpetual and the purpose is to provide services to the disabled.

ARTICLE III

The principal office and mailing address is:  
9420 Johnson St., Pembroke Pines, Florida 33024.

ARTICLE IV

The corporation is authorized to have outstanding one class of stock, designated as Common Stock. The maximum numbers of shares of stock is 100 of a parvalue of \$1.00 per share. Holders of

cumulative voting. Holders of Common Stock shall have preemptive rights to subscribe to the corporation's securities and are entitled to receive the net assets of the corporation upon dissolution.

## ARTICLE V

The name and address of the initial registered agent of the corporation is George Eichelhardt and the street address is 9420 Johnson St. Pembroke Pines, Fl. 33024.

## ARTICLE VI

The corporation shall have two (2) initial directors. The number of directors may be increased or decreased from time to time in the manner provided in the bylaws of the corporation. The names and street addresses of the initial directors are: George Eichelhardt, 9420 Johnson St., Pembroke Pines, Fl. 33024; and Valerie Eichelhardt, 9420 Johnson St., Pembroke Pines, Fl. 33024.

## ARTICLE VII

The name and address of the Incorporator to these Articles of Incorporation is George Eichelhardt, 9420 Johnson St., Pembroke Pines, Fl. 33024.

### ARTICLE VIII

The power to adopt, alter, amend or repeal bylaws shall be vested in the Board of Directors and the shareholders.

### ARTICLE IX

The corporation shall indemnify, to the full extent permitted by law, the Incorporator, any officer and/or director of the corporation.

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation this 26th day of February 1998.

  
\_\_\_\_\_  
George Eichelhardt, Incorporator

**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: ACTION DISABILITY CLINIC, INC.

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

GEORGE EICHELMAN  
(NAME)

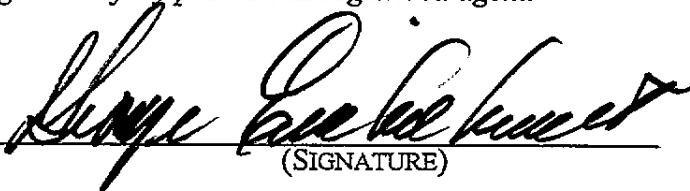
9420 JOHNSON ST.

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

PEMBROKE PINES, FL. 33024  
(CITY/STATE/ZIP)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 MAR -2 PM 3:00

*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)

2-26-98  
(DATE)