

Charter Number Only

978000084171

VALUATION ONLY

Requestor's Name

Address

City

State

ZIP

Phone

400002642924--7
-09/18/98--01006--029
****131.25 ****131.25

CORPORATION(S) NAME

J.C Rehabilitative System P.A. Inc.

FILED
98 SEP 30 AM 11:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input checked="" type="checkbox"/> Certificate Under Seal |
| <input checked="" type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input type="checkbox"/> Mail Out |
| | <input checked="" type="checkbox"/> Pick Up | |

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

RECEIVED
98 SEP 30 AM 10:07
DIVISION OF CORPORATION

September 18, 1998

EMPIRE

MIAMI, FL

SUBJECT: J.C. REHABILITATIVE SYSTEMS P.A., INC.
Ref. Number: W98000021405

We have received your document for J.C. REHABILITATIVE SYSTEMS P.A., INC.. However, the document has not been filed and is being returned for the following:

PLEASE CHOOSE ONLY ONE SUFFIX FOR YOUR CORPORATION OR PROFESSIONAL SERVICE.

The only acceptable corporate suffixes for professional associations are PROFESSIONAL ASSOCIATION, P.A., and CHARTERED.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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: 898A00047333

ARTICLES OF INCORPORATION

of

REHAB SYSTEMS OF BOCA RATON, INC.

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

REHAB SYSTEMS OF BOCA RATON, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 100 ^{one-hundred} shares of One Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares".

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	Jonathan Cohen		
ADDRESS	92376 Vineyard Court		
CITY	BOCA RATON	FLORIDA	ZIP 33496

The principal office, if known, or the mailing address of the corporation is:

NAME			
ADDRESS			
CITY	FLORIDA	ZIP	

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ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have 1 (one) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	<u>Jonathan Cohen</u>		
ADDRESS	<u>92376 Vineland Court</u>		
CITY	<u>Boca Raton</u>	STATE	<u>Florida</u> ZIP <u>33496</u>
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	<u>Jonathan Cohen</u>		
ADDRESS	<u>92376 Vineland Court</u>		
CITY	<u>Boca Raton</u>	STATE	<u>Florida</u> ZIP <u>33496</u>
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this thirteenth day of September, 1998.

Jonathan Cohen (Seal)
 _____ (Seal)
 _____ (Seal)

CERTIFICATE AND KNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

REHAB SYSTEMS OF BOCA RATON, INC.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 92376 Vineland Court, Boca Raton, Florida
33496

has named Jonathon Cohen
located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

Jonathon F. Cohen
(registered agent)

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08 SEP 30 AM 11:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA