

P9800082564

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 OCT 16 AM 9:55

FILED

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

1. West CARE REHABILITATION CENTER (Corporation Name) (Document #)

2. ASSOCIATES, INC. (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

DIVISION OF CORPORATION

98 OCT 16 AM 10:55

RECEIVED

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

200002665362-4
-10/16/98-01040-016
****125.00 *****78.75

Examiner's Initials

ARTICLES OF INCORPORATION

The undersigned incorporate(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

FILED
98 OCT 16 AM 9:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

WEST CARE REHABILITATION CENTER & ASSOCIATES, INC.

ARTICLE II PRINCIPAL OFFICE

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

*2160 W. Palm Ave. Suite "B"
Hialeah, Fl. 33012*

Article III Shares

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

100 shares of stock

Article IV Initial Registered Agent and Street Address

The name and address of the initial registered agent is:

*Alberto Muria Jr.
2160 W. Palm Ave. Suite "B"
Hialeah, Fl. 33012*

Article V Incorporate(s)

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

Alberto Muria Jr.
2160 W. Palm Ave. Suite "B"
Hialeah, Fl. 33012

Article VI Director(s)

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

Alberto Muria Jr.
2160 W. Palm Ave. Suite "B"
Hialeah Fl. 33012
Prersident.

The undersigned Incorporate(s) has (have) executed these Articles of Incorporation this 15 day of October, 1998


Signature

Signature

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

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: WEST CARE REHABILITATION CENTER & ASSOCIATES, INC.

2. The name and address of the registered agent and offices is:
Alberto Muria Jr.
2160 W. Palm Ave. Suite "B"
Hialeah, FL 33012

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 STATUS 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: 
DATE: 10/15/98

FILED
OCT 16 1998
CLERK OF DISTRICT COURT
STATE OF FLORIDA
9:54