### Florida Department of State

### **Division of Corporations**

Public Access System Sandra B. Mortham, Secretary of State

#### **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H98000020877 0)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone

: (305)599-0839

Fax Number ; (305)716-0346

### FLORIDA PROFIT CORPORATION OR P.A.

### COMPLETE WELLNESS & REHAB CENTERS OF SOUTH FLORIDA I

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

yu uliolax

FILED

H98000020877 0

98 NOV 10 AM 8: 24

#### Articles of Incorporation

of

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## COMPLETE WELLNESS & REHAB CENTERS OF SOUTH FLORIDA, INc.

#### Article I. Name

The name of this Florida corporation is:

COMPLETE WELLNESS & REHAB CENTERS OF SOUTH FLORIDA, INC.

#### Article II. Address

The mailing address of the Corporation is:

COMPLETE WELLNESS & REHAB CENTERS OF SOUTH FLORIDA, INC. 207 N. KROME AVE. HOMESTEAD, FL 33030

#### Article III. Capital Stock

The Corporation shall have the authority to leave 100 shares of common stock, par value \$1.00 per share.

#### Article IV. Registered Agent

The name and address of the registered agent of the Corporation is:

REYNALDO PEREZ 207 N. KROME AVE. HOMESTEAD, FL 33030

#### Article V. Board of Directors

The affairs of the Corporation shall be managed by a Board of Directors consisting of no tess than one director. The number of directors may be increased or decreased from time to time in accordance with the Bylaws of the Corporation. The election of directors shall be done in accordance with the Bylaws. The directors shall be protected from liability to the fullest extent permitted by law. The name of each initial member of the Corporation's Board of Directors are:

Reynaldo Perez, D.C., P.A., 207 N. Krome Ave., Homestead, FL 33030

Prepared by:

Barreras & Rachlin, C.P.A., P.A., 11120 N. Kendall Dr., #201, Miami, FL 33176 (305)270-2040

#### Article VI.

The corporation shall have perpetual existence and may engage in any and all business permitted under the laws of the State of Florida and the United States.

### Article VII. Incorporator

The name and address of the incorporator is:

REYNALDO PEREZ 207 N. KROME AVE. HOMESTEAD, FL 33030

#### Article VIII. Corporate Existence

The corporate existence of the Corporation shall be effective upon filing.

#### Article IX. Purpose of Corporation

The purpose of the corporation is: MEDICAL REHABILITATION

The authorized representative of the incorporator executed the Articles of Incorporation on November 9, 1998,

REYNALDO PEREZ

President

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE.

CORPORATION: COMPLETE WELLNESS & REHAB CENTERS OF SOUTH FLORIDA, IN

REGISTERED AGENT: REYNALDO PEREZ 207 N. KROME AVE. HOMESTEAD, FL 33030

l agree to act as registered agent to accept service of process for the corporation named above at the place designated in this Certificate. I agree to comply with the provisions of all statutes relating to the proper and complete performance of the registered agent duties. I am familiar with and accept the obligations of the registered agent position.

REYNALDO PEREZ

**President** 

98 NOV 10 AM 8: 24
PAECINE MASSEE, FS TABLE