P98000098265

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

DOC. EXAM

SUBJECT: CAPITAL HE (Proposed corpora	ALTH SOULT) atc name - must include suf	h INC.	-	
	,	*****70.0	8545 -01115019 0 *****70.00	
Enclosed is an original and one(1) copy of the article \$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	s of incorporation and a \$\square\$	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
FROM: ERIK A. ULLRING Name (Printed or typed)				
684 15 IH A	AVENUE So. ddress			
NAPLES, FL City, S	33941 State & Zip		DIVISION OF 98 NOV 16	

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

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ARTICLES OF INCORPORATION	99	D.
The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.	91 AON 86	SECRETAR VISION OF
ARTICLE I NAME The name of the corporation shall be:	PM I:	Y OF STA
CAPITAL HEALTH SOUTH INC.	1:25	TE
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:		,
840 AIA NORTH, SUITE 150 PONTE VEDRABE	44	4 <i>FL</i> 32
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one tire.		1
3000		
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: ERIKA. ULLRING 684 15TH AVENUE So. NAPLES, FL 34102.		
ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are:		
ERIK A. ULIRING 684 15TH AVENUE SO.		
NAPLES, FL 34102		
Signature/Incorporator 11/11/98 Date		

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of	process for the above stated corporation at the place designated the
this certificate, I hereby accept the appointment as registered ag	ent and agree to act in this capacity. I further agree to comply with
the provisions of all statutes relating to the proper and complet	te performance of my duties, and I am familiar with and accept the
obligations of my position as registered agent	
Same	11/11/98
Signature/Registered Agent	Date