

99000051754

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Ask Rehab - Spring Hill,
Inc

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

- ☒ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☐ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☒ Annual Report / Reinstatement
- ☐ Cert. Copy
- ☐ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ Courier

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

Courier

R. Putintun

JUN - 8 1999

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
of
ASK REHAB - SPRING HILL, INC.

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: ASK REHAB - SPRING HILL, 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 one thousand shares (1,000) of one Dollar(s) (\$1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

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

NAME: Ask Rehab - Spring Hill, Inc.		
ADDRESS: 11535 Cortez Boulevard		
CITY: Spring Hill,	FLORIDA	ZIP: 34613
The name and street address of the Initial Registered Agent of this Corporation is:		
NAME: Gerardo Ma. F. Thomas		
ADDRESS: 11535 Cortez Boulevard		
CITY: Spring Hill,	FLORIDA	ZIP: 34613

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have two (2) director(s) 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:

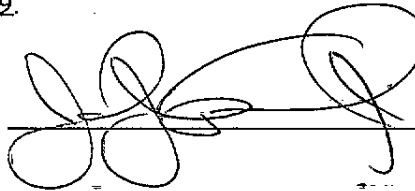
NAME: Gerardo Ma. F. Thomas		
ADDRESS: 3305 Bluestone Avenue		
CITY: Spring Hill,	FLORIDA	ZIP: 34609
NAME:		
ADDRESS:		
CITY:		ZIP:

ARTICLE VII - INCORPORATORS

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

NAME: John J. Franklin, Jr.		
ADDRESS: 5329 Moongate Rd.		
CITY: Spring Hill,	Florida	ZIP: 34606
NAME: _____		
ADDRESS: _____		
CITY: _____	FLORIDA	ZIP: _____

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 7th day of June, 1999.



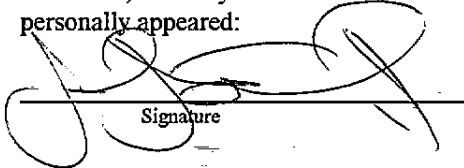
(Seal)

(Seal)

(Seal)

State of Florida)
County of HERNANDO) SS

before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared:



Signature

FL LIC. F652-470-54-450-0

Form of Identification

Signature

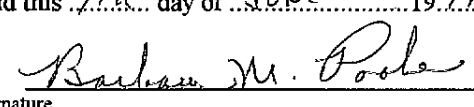
Form of Identification

Signature

Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that HE executed these Articles of Incorporation, that I relied upon the form ☒ of identification of the above named person as indicated opposite each name, and that an oath (was) (~~was not~~) taken.

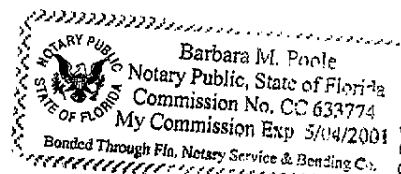
Witness my hand and official seal in the County and State last aforesaid this 7th day of JUNE, 1999.



Notary Signature

BARBARA M. POOLE

Printed Notary Signature



**CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT**

CERTIFICATE OF REGISTERED AGENT OF

ASK REHAB - SPRING HILL, INC.

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 **11535 Cortez
Boulevard, Spring Hill, Florida** has named **Gerardo Ma. F. Thomas** 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.

X 
(registered agent)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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