

## TRANSMITTAL LETTER

Date:

August 26, 1999 **299000083370**

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

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-08/27/99--01003--003  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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SUBJECT: **Indian River Rehabilitation Medicine Clinic, P.C.**

Ladies and Gentlemen:

Enclosed is an original and one (1) copy of the Articles of Incorporation Designation and Acceptance of Registered Agent for a Florida Corporation.

Also enclosed is a check for:

- ☐ \$70.00 Filing Fee
- ☒ \$78.75 Filing Fee & Certificate
- ☐ \$122.50 Filing Fee & Certified Copy
- ☐ \$131.25 Filing Fee, Certified Copy, & Certificate

From:

Iheonu U. Oriaku  
**IHEONU U. ORIAKU**  
Incorporator  
3620 57th Ave.  
Vero Beach, FL 32966

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 SEP 15 PM 1:56

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P. O. BOX 6327 SEP 1 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

September 1, 1999

OHEONU U. ORIAKU  
3620 57 AVE  
VERO BEACH, FL 32966

SUBJECT: INDIAN RIVER REHABILITATION MEDICINE CLINIC, ~~P.C.~~ P.A.  
Ref. Number: W99000020293

We have received your document for INDIAN RIVER REHABILITATION MEDICINE CLINIC, P.C. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

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) 487-6904.

Freida Chesser  
Corporate Specialist

Letter Number: 199A00043549

**ARTICLES OF INCORPORATION**  
**OF**  
**INDIAN RIVER REHABILITATION**  
**MEDICINE CLINIC, P.A.**

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**ARTICLE I. CORPORATE NAME**

The name of this corporation is **INDIAN RIVER REHABILITATION MEDICINE CLINIC, P.A.**

**ARTICLE II. PRINCIPAL OFFICE**

The principal place of business of this corporation is:  
**333 17th Street, Suite T**  
**Vero Beach, FL 32963**

The mailing address of this corporation is :  
**333 17th Street, Suite T**  
**Vero Beach, FL 32963**

**ARTICLE III SPECIFIC NATURE OF BUSINESS**

The specific nature of the business of this professional association shall be the practice of rehabilitative medicine

**ARTICLE IV CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is One Hundred (100) shares of common stock. Such shares shall be of a single class and shall have a par value of One Dollar (\$1.00) per share.

**ARTICLE V. INITIAL REGISTERED AGENT AND OFFICE**

The name and address of the initial registered agent is:

**IHEONU U. ORIAKU**  
3620 57th Avenue  
Vero Beach, FL 32966

**ARTICLE VI INCORPORATOR**

The name and street address of the incorporator of these Articles of Incorporation is:

**IHEONU U. ORIAKU**  
3620 57th Avenue  
Vero Beach, FL 32966

**ARTICLE VII DIRECTORS**

This corporation shall have one (1) director, initially. The number of directors may be increased or diminished from time to time as provided in the by-laws.

**IHEONU U. ORIAKU**

This directors shall hold office until the first annual meeting or until his or her successor is elected or appointed and qualified as provided in the by-laws.

**ARTICLE VIII OPTIONAL PROVISIONS**

None

The undersigned has executed these Articles of Incorporation on 17<sup>th</sup> day of September, 1999.



**IHEONU U. ORIAKU**  
Incorporator/Registered Agent  
3620 57th Avenue  
Vero Beach, FL 32966

**DESIGNATION OF REGISTERED AGENT**

**PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.**

1. The name of the corporation is:

**INDIAN RIVER REHABILITATION MEDICINE CLINIC, P.A.**

2. The name of the registered agent is

**IHEONU U. ORIAKU**

3. The address of the registered agent/registered office is:

**3620 57th Avenue  
Vero Beach, FL 32966**

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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 statutes 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.

Iheonu U. Oriaku  
**IHEONU U. ORIAKU**

DATE: 9/17/99