# PAGEMENTAL DET EN DOCA 29

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

100003061491--0 -12/06/93--01088--010. \*\*\*\*\*70.00 \*\*\*\*\*\*70.00

SUBJECT:	Florida Respiratory Reha (Proposed corpo	abilitation, Inc. prate name – must include suf	fix)	<u> </u>
Enclosed is an origin	al and one(1) copy of the article	es of incorporation and a	check for :	
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO	PY REQUIRED	
FROM:	Name (Pr 1724 E. Hallanda	rinted or typed)  Le Beach Blvd.	SECRETARY TALLAHASS	99 DEC -6
	Hallandale, FI. City, S	33009 State & Zip	₹±1 ±	6 PM 12: 26
	954-726 <b>-</b> 9898 ex	t 25	D. T	

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

Daytime Telephone number

# ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

<u>ARTICLE I NAME</u>

The name of the corporation shall be:

Florida Respiratory Rehabilitation, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

5701 Pine Island Road, Suite 370, Tamarac, F1 33321

### ARTICLE III \_\_SHARES

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

1,000

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

John A. Smith

5701 Pine Island Road, Suite 370, Tamarac, FL 33321 <u>ARTICLE V INCORPORATOR</u>

The name and address of the incorporator to these Articles of Incorporation are:

Norman Moskowitz

1724 E. Hallandale Beach Blyd. Hallandale, FL 33009

Signature/Incorporator

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 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

Signature/Registered Agent

11 / 23 / 9 9 Date

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