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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

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RE-SUBMIT
Please retain original
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 JAN 24 PM 3:23

RECEIVED

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Bollettieri Sports Medicine, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	034
Estimated Charge	\$125.00

T. CLINE

JAN 25 2008

EXAMINER

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January 24, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: BOLLETTIERI SPORTS MEDICINE, L.L.C.
REF: W08000003791

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return 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) 245-6020.

Tammi Cline
Regulatory Specialist IIFAX Aud. #: E08000019198
Letter Number: 408A000050612008 JAN 23 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bollettieri Sports Medicine, L.L.C.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Lakewood Ranch Medical Center

8330 Lakewood Ranch Blvd.

Bradenton, FL 34202

Mailing Address:

UHS of Delaware, Inc.

367 S. Gulph Rd.

King of Prussia, PA 19406

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

C T Corporation System

Name

1200 South Pine Island Road

Florida street address (P.O. Box NOT acceptable)

Plantation FL 33324

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company 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 as provided for in Chapter 608, F.S.

C T Corporation System

Connie Bryan

Registered Agent's Signature (REQUIRED)

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

(CONTINUED)

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2008 JAN 23 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

The Rehab Group, L.L.C.

6480 Midnight Pass Road

Sarasota, FL 34242

MGRM

Wellington Regional Medical Center, Inc.

10101 Forest Hill Blvd.

West Palm Bouch, FL 33414

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TALLAHASSEE, FLORIDA

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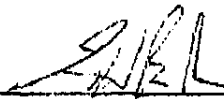
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

George Brunner

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)