

M9800001326

NEW OFFICES
ELLIOTT & BLACKBURN
FIRST LIBERTY BANK BUILDING
109 NORTH PATTERSON STREET
POST OFFICE BOX 579
VALDOSTA, GEORGIA 31603-0579
(912) 242-3333
(912) 247-0800

September 18, 1998

FACSIMILE (912) 242-0696

Florida Department of State
Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

100002644551--9
-11/12/98--01059--003
***1188.75 ***1188.75

RE: Allied Therapy Services, L.L.C.

100002644551--9
-09/21/98--01074--005
****293.75 ****293.75

Dear Sir:

With reference to the application by Allied Therapy Services, L.L.C. to transact business in Florida, please find enclosed the following:

1. Completed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida.
2. Completed Certificate of Designation of Registered Agent/Registered Office.
3. Certificate of Existence from Georgia Secretary of State's office.
4. Our check in the amount of \$293.75 to cover filing fee for Application and Affidavit, Designation of Registered Agent and a Certificate of Status.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 NOV 12 PM 1:33

Please send your authorization to transact business in Florida to us at the above address.

Please call me if there are any questions.

Sincerely,

Walter G. Elliott

Walter G. Elliott

WGE:sd

Enclosures

M98-1326

Name Available	02-11-12
Document Examined	<i>[Signature]</i>
Updater	<i>[Signature]</i>
Updater Verifier	<i>[Signature]</i>
Acknowledgement	<i>[Signature]</i>
W. P. Verifier	<i>[Signature]</i>



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

September 22, 1998

WALTER G. ELLIOTT
ELLIOTT & BLACKBURN
P.O. BOX 579
VALDOSTA, GA 31603-0579

SUBJECT: ALLIED THERAPY SERVICES, L.L.C.
Ref. Number: W98000021648

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 NOV 12 PM 1:32

We have received your document for ALLIED THERAPY SERVICES, L.L.C. and your check(s) totaling \$293.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report and penalty fees is \$1188.75.

You must provide this office with the agreed value and a written description of the property and/or services you refer to in your affidavit. You may amend your affidavit to include this description or include an attachment.

The designation of the registered agent must be at a Florida street address.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline
Document Specialist

Letter Number: 098A00047736

LAW OFFICES
ELLIOTT & BLACKBURN
FIRST LIBERTY BANK BUILDING
509 NORTH PATTERSON STREET
POST OFFICE BOX 579
VALDOSTA, GEORGIA 31603-0579
(912) 242-3333
(912) 247-0800

November 10, 1998

FACSIMILE (912) 242-0696

Florida Department of State
Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314
ATTN: Tammie Cline

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 NOV 12 PM 1:32

RE: Allied Therapy Services, L.L.C.

Dear Ms. Cline:

In response to your letter to me dated September 22, 1998, and with reference to the application by Allied Therapy Services, L.L.C. to transact business in Florida, please find enclosed the following:

1. Completed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida.
2. Completed Certificate of Designation of Registered Agent/Registered Office.
3. Certificate of Existence from Georgia Secretary of State's office.
4. Our check in the amount of \$1,188.75 for the annual report and penalty fees.

Please send your authorization to transact business in Florida to us at the above address.

Please call me if there are any questions.

Sincerely,



Walter G. Elliott

WGE:sd

Enclosures

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF
FLORIDA:*

1. Allied Therapy Services, L.L.C.
(Name of foreign limited liability company must end with the words "limited company" or their abbreviation "L.C." if not so contained in the name at present.)

2. Georgia
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. 8-7-97
(Date of Organization)

5. 2047
(Duration: Year limited liability company will cease to exist or "perpetual")

6. 8-14-97
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 2501 North Patterson Street

Valdosta, GA 31602

(Street address of principal office)

8. List name, title, and business address of each managing member[MGRM] or manager[MGR] who will manage the foreign limited liability company in Florida: (attach additional page if necessary)

NAME & ADDRESS:

TITLE:

NAME & ADDRESS:

TITLE:

John Bowling

MGR

2501 N. Patterson St.

Valdosta, GA 31602

Alfred J. Howard

MGR

7733 Forsyth Blvd., Ste. 1700

Clayton, MO 63105

James McGahee

MGR

2501 N. Patterson St.

Valdosta, GA 31602

Mary Beth Schulte

MGR

7733 Forsyth Blvd., Ste. 1700

Clayton, MO 63105

Greg Hembree

MGR

2501 N. Patterson St.


Valdosta, GA 31602

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 NOV 2 PM 1:32

**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN
LIMITED LIABILITY COMPANY**

The undersigned member or authorized representative of a member of Allied Therapy
Services, L.L.C. deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 1,250,000
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 325,000
A description of the property is attached and made a part hereto.
Promissory Note
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$ 1,575,000
This total includes amounts from 2 and 3 above.
- 5) the total amount of cash or property anticipated to be contributed by member(s) is \$ 1,575,000



Signature of a member or authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the execution of this
affidavit constitutes an affirmation under the penalties of perjury that the facts
stated herein are true.)

Filing Fee: \$250.00 for Application and Affidavit

FILED
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DIVISION OF CORPORATIONS
98 NOV 12 PM 1:32

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Allied Therapy Services, L.L.C.

2. The name and address of the registered agent and office are:

Kimberly Sanders

(Name)

201 East Marion Street

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Madison, FL 32340

(City/State/Zip)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 NOV 12 PM 1:32

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.

Kimberly Sanders
(Signature)

11/5/98
(Date)

Filing Fee: \$ 35 for Designation of Registered Agent

Secretary of State

Corporations Division

315 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

DOCKET NUMBER : 982570733
CONTROL NUMBER : 9728008
DATE INC/AUTH/FILED : 08/07/1997
JURISDICTION : GEORGIA
PRINT DATE : 09/14/1998
FORM NUMBER : 211

ELLIOT & BLACKBURN
WALTER G. ELLIOTT
P O BX 579
VALDOSTA GA 31603

CERTIFICATE OF EXISTENCE

I, Lewis A. Massey, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

ALLIED THERAPY SERVICES, L.L.C. A GEORGIA LIMITED LIABILITY COMPANY

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation, or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up, or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Lewis A. Massey
LEWIS A. MASSEY
SECRETARY OF STATE

