

L 9900000 08259

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302  
(850) 224-2870 • 1-800-242-8062 • Fax (850) 222-1222

Advanced Injury Medical  
Rehab Center, L.L.C.

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-11/30/99--01027--001  
\*\*\*\*160.00 \*\*\*\*160.00

- \_\_\_ Art of Inc. File
- \_\_\_ LTD Partnership File
- \_\_\_ Foreign Corp. File
- ✓ L.C. File Cert. & Cert. of status
- \_\_\_ 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

99 NOV 30 PM 3:13  
99 NOV 30 AM 11:03  
STATE  
TALLAHASSEE, FLORIDA  
DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
11/30

RECEIVED

Signature

Requested by:

LM 11/30 10:25am

Name

Date

Time

Walk-In

Will Pick Up

**ARTICLES OF ORGANIZATION  
OF  
ADVANCED INJURY MEDICAL REHAB CENTER, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

**ARTICLE I - NAME:**

The name of the limited liability company shall be:

ADVANCED INJURY MEDICAL REHAB CENTER, LLC ("company")

**ARTICLE II - ADDRESS:**

The mailing address and street address of the principal office of the company shall be:

4770 U.S. 19  
New Port Richey, Florida 34652

**ARTICLE III - REGISTERED OFFICE AND AGENT**

The name and street address of the registered agent of the company in the state of Florida is:

Peter A. Napolitano, Esq.  
7617 Little Road  
New Port Richey, Florida 34654

*Having been named as the 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.*

  
\_\_\_\_\_  
Peter A. Napolitano, Esq.  
Registered Agent

99 DEC 13 PM 3:13  
STATE  
TALLAHASSEE  
FLORIDA

FILED

**ARTICLE IV - MANAGEMENT(Check box if applicable.)**

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

**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.)

\_\_\_\_\_  
Typed or printed name of signee

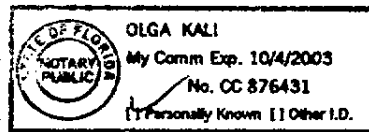
IN WITNESS WHEREOF, the undersigned organizer has made and subscribed these articles of organization at New Port Richey, Florida, on November 24<sup>th</sup> 1999.

Haresh Rich Emandi  
Haresh Rich Emandi  
Member

STATE OF FLORIDA  
COUNTY OF Pasco

Sworn to and subscribed before me this 24<sup>th</sup> day of November, 1999,  
by Haresh Rich Emandi

Olga Kali  
Notary Public -- State of Florida  
Personally Known X  
(Seal)



FILED  
99 NOV 30 PM 3:13  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA