

Document Number Only

B99000000389

C T CORPORATION SYSTEM / Melanie Strickland

660 East Jefferson Street

Requestor's Name

Tallahassee, Florida 32301

Address

(850) 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

600003024476--2

-10/26/99--01001--014

*****87.50 *****87.50

Restore Therapy Services, Ltd

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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
99 OCT 25 PM 5:01

- | | | |
|---|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Fict. Filing | <input type="checkbox"/> Change of R.A. |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Fict. Filing Cancel | <input type="checkbox"/> UCC-1 UCC-3 |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call if Problem |
| <input type="checkbox"/> Certified Copy | <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> After 4:30 | <input checked="" type="checkbox"/> Pick Up |
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Thanks, Melanie

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File 2nd

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TALLAHASSEE
FLORIDA

10/25/99

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

1. Restore Therapy Services, Ltd.
(Name of limited partnership as it is in the home state)
2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida, must contain the word "LIMITED" or "LTD.")
3. Alabama 4. 11/15/94
(State of Formation) (Date of Formation)
5. CT Corporation System
(Name of Registered Agent for Service of Process)
6. 1200 South Pine Island Road
(Street Address of Registered Office)
- Plantation Florida 33324
(City) (Zip Code)
7. Acceptance by the Registered Agent for Service of Process:
Dale W. Morris
(Agent must sign on this line)
8. 11 West Oxmoor Tower, Suite 210
Birmingham, AL 35209
(Address of registered office required in state of formation or, if not required, address of principal office.)
9. NAMES OF GENERAL PARTNERS STREET ADDRESS
- Restore, Inc. 11 West Oxmoor Tower, Suite 210
Birmingham, AL 35209
- #99000005470
10. 11 West Oxmoor Tower, Suite 210, Birmingham, AL 35209
(Office where Names, Addresses and Contributions of Limited Partners are kept.)
11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

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12. 11 West Oxmoor Tower, Suite 210

Birmingham, AL 35209

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 2nd day of September, 19 99

RESTORE, INC.

Its: General Partner

By: R. Frank Brown, Jr.

Its: President

STATE OF

Alabama

STATE
COUNTY OF

H. Large

On this 2nd day of September, 19 99

R. FRANK BROWN, JR.

personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Cate Phillips Eubanks
(Notary Public Signature)

PATTI PHILIPS EUBANKS
(Notary's Printed Name)

Seal

My Commission Expires: 12-23-2001

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

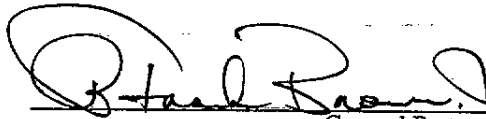
BEFORE ME the undersigned personally appeared R. Frank Brown, Jr., President of Restore, Inc.,
a general partner of Restore Therapy Services, Ltd., a (an) Alabama
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

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1. The amount of capital contributions of the limited partners is \$ 10,000.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ -0-.

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 2nd day of September, 19 99.


General Partner

STATE OF

Alabama

~~COUNTY OF~~

State of Large

On this 2nd day of September, 19 99,

R. FRANK BROWN, JR., personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____


(Notary Public Signature)

PATTI PHILLIPS EUBANKS
(Notary's Printed Name)

Seal

My Commission Expires: 12-23-2001