

000000006978

Document Number Only

CT Corporation System  
660 East Jefferson Street  
Tallahassee, FL 32301  
850-222-1092

DATE: 6/15

100003291341--9  
-06/15/00--01065--011  
\*\*\*\*100.00 \*\*\*\*100.00

Corporation(s) Name

100003291341--9  
-06/15/00--01065--012  
\*\*\*\*25.00 \*\*\*\*25.00

Accelerated Health Systems of Florida LLC

☐ Profit  
☐ Nonprofit

☐ Amendment

☐ Merger

☒ Foreign  
☒ LLC

☐ Dissolution  
☐ Withdrawal

☐ Mark

☐ Limited Partnership  
☐ Reinstatement  
☐ UCC ☐ 1 or ☐ 3

☐ UBR  
☐ Fictitious Name

☐ Other  
☐ Ch. RA

\*\*\*Special Instructions\*\*

☐ Certified Copy  
☐ Parts/amends/mergers ☐ Other-See Above

☐ Photocopies

☐ CUS

☒ Walk in

☒ Pick-up

☐ Will Wait

Please Return Filed Stamped  
Copies To:

Carol Clark

Thank You!

RECEIVED  
00 JUN 15 AM 11:01  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
00 JUN 15 PM 12:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
W 6/15

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Accelerated Health Systems of Florida LLC

## ARTICLE II - Address:

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

205 West Wacker Drive, Suite 1950, Chicago, Illinois 60606

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

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

CT Corporation System  
Name  
c/o CT Corporation System, 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..*

Jeffrey R. Graves  
CT Corporation System  
Registered Agent's Signature Assistant Secretary

## Article IV - Management (Check box if applicable.)

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

(An additional article must be added if an effective date is requested)

Morris R. Saunders, Authorized Agent  
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.)

Morris R. Saunders, Authorized Agent

Typed or printed name of signee

### FILING FEES:

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)

FILED  
00 JUN 15 PM 12:52  
TALLAHASSEE  
FLORIDA  
STATE