

CORPORATE  
ACCESS,  
INC.

236 East 6th Avenue Tallahassee, Florida 32301

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

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TALLAHASSEE, FLORIDA

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LC

1.) Creative Arts Physical Therapy, LLC  
(CORPORATE NAME & DOCUMENT #)

2.)  
(CORPORATE NAME & DOCUMENT #)

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-10/06/00--01081--022  
\*\*\*\*\*100.00 \*\*\*\*\*100.00

3.)  
(CORPORATE NAME & DOCUMENT #)

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\*\*\*\*\*30.00 \*\*\*\*\*30.00

4.)  
(CORPORATE NAME & DOCUMENT #)

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\*\*\*\*\*25.00 \*\*\*\*\*25.00

5.)  
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS

LC-12220  
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DEPARTMENT OF STATE  
DIVISION OF CORPORATE FILINGS  
TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

**CREATIVE ARTS PHYSICAL THERAPY, LLC**

## ARTICLE II - Address:

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

Suntree Station, 7025 N. Wickham Road, Suite 111, Melbourne, Florida 32940.

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

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

Paracorp Incorporated

Name

236 East Sixth Avenue

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

Tallahassee, Florida 32303

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.*

see attached

Registered Agent's Signature

## 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.

## Article V - Effective Date:

The effective date of formation shall be September 29, 2000.

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

Melinda Bryan  
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.)

Melinda Bryan

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)

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

Pursuant to the provisions of section 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement designating the registered office/registered agent, in the State of Florida.

The name of the ~~corporation~~ ~~is~~ LIMITED LIABILITY COMPANY IS:  
CREATIVE ARTS PHYSICAL THERAPY, LLC


The name and address of the registered agent is

PARACORP INCORPORATED

236 EAST 6TH AVENUE

TALLAHASSEE, FL 32303

Having been named registered agent for the stated corporation, I hereby accept the appointment as registered agent and am familiar with and accept the obligations of my position.

  
SIGNATURE Assistant Secretary

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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