

L000000013460

SCOTT F. BARNETT  
CHARTERED  
ATTORNEYS & COUNSELORS AT LAW

October 2, 2000

Secretary of State  
Division of Corporations  
Florida Department of State  
P.O. Box 6327  
Tallahassee, Florida 32314

W-24540

600003414286--3  
-10/25/00--01011-003  
\*\*\*\*\*25.00 \*\*\*\*\*25.00

Re: Articles of Organization of MORAN MUSCULAR THERAPY, LLC

Dear Sir/Madam:

600003414286--3  
-10/05/00--01018-001  
\*\*\*\*\*100.00 \*\*\*\*\*100.00

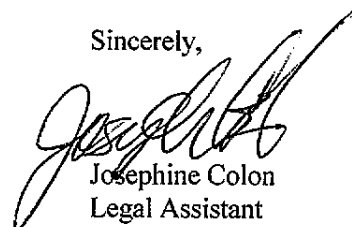
Enclosed please find the following:

1. One original and a copy of the Articles of Organization of the above referenced Corporation.
2. A check in the amount of \$100.00 made payable to the Secretary of State to cover the appropriate filing fees.

Please file the Articles of Organization and return to the undersigned a copy of the Articles of Organization marked filed by your office.

If you have any questions whatsoever, please do not hesitate to contact the undersigned. Thank you in advance for your cooperation.

Sincerely,

  
Josephine Colon  
Legal Assistant

LR  
11/2  
FILED  
NOV -2 PM 3:14  
TALLAHASSEE FLORIDA

JC:je  
Enclosures Articles Of Organization; Check For Filing Fees  
cc: John Moran

6p



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

October 10, 2000

JOSEPHINE COLON  
SCOTT F. BARNETT CHARTERED  
234 E DAVIS BLVD  
TAMPA, FL 33606

SUBJECT: MORAN MUSCULAR THERAPY, LLC  
Ref. Number: W00000024540

We have received your document for MORAN MUSCULAR THERAPY, LLC and check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6043.

Shawn Logan  
Document Specialist

Letter Number: 600A00053500

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00 NOV -2 PM 3:14  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**SCOTT F. BARNETT**  
C H A R T E R E D  
ATTORNEYS & COUNSELORS AT LAW

October 18, 2000

Secretary of State  
Division of Corporations  
Florida Department of State  
P.O. Box 6327  
Tallahassee, Florida 32314

200003438292-7  
-10/25/00-01011-003  
\*\*\*\*\*25.00 \*\*\*\*\*25.00

Re: Articles of Organization of MORAN MUSCULAR THERAPY, LLC

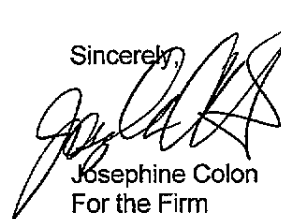
Dear Sir/Madam:

My apologies for submitting the incorrect amount in filing fees. Please find enclosed the following:

1. A check in the amount of \$25.00 made payable to the Secretary of State to cover the registered agent designation fee.

If you have any questions whatsoever, please do not hesitate to contact the undersigned. Thank you in advance for your cooperation.

Sincerely,

  
Josephine Colon  
For the Firm

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00 NOV -2 PM 3:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JC:jc  
Enclosures: Check For Filing Fees

cc: John Moran



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

November 2, 2000

JOHN KEELING  
1146 HAGEN DRIVE  
NEW PORT RICHEY, FL 34655

The Articles of Organization for REVOLUTION HEALTHCARE CONSULTANTS, LLC were filed on November 2, 2000, and assigned document number L00000013453. Please refer to this number whenever corresponding with this office.

In accordance with section 608.406(2), F.S., the name of this limited liability company is filed with the Department of State for public notice only and is granted without regard to any other name recorded with the Division of Corporations.

A limited liability company annual report/uniform business report will be due this office between January 1 and May 1 of the year following the calendar year of the file date. A Federal Employer Identification (FEI) number will be required before this report can be filed. Please apply NOW with the Internal Revenue Service by calling 1-800-829-3676 and requesting form SS-4.

Please be aware if the limited liability company address changes, it is the responsibility of the limited liability company to notify this office.

Should you have any questions regarding this matter, please telephone (850) 487-6051, the Registration Section.

Lee Rivers  
Document Specialist  
Division of Corporations

Letter Number: 200A0005708

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TALLAHASSEE, FLORIDA  
DIVISION OF STATE

ARTICLES OF ORGANIZATION  
of  
MORAN MUSCULAR THERAPY, LLC

ARTICLE I  
NAME OF LIMITED LIABILITY COMPANY

The name of this Limited Liability Company is:

MORAN MUSCULAR THERAPY, LLC

ARTICLE II  
DURATION OF COMPANY EXISTENCE

The duration of the Company shall be perpetual.

ARTICLE III  
MAILING ADDRESS AND STREET ADDRESS OF PRINCIPAL OFFICE

A. MAILING ADDRESS. The mailing address of the Company is:

7700 U.S. 19 North, Suite 1  
Pinellas Park, FL 33781

B. STREET ADDRESS OF PRINCIPAL PLACE OF BUSINESS. The street address of the principal place of business of the Company is:

7700 U.S. 19 North, Suite 1  
Pinellas Park, FL 33781

ARTICLE IV  
INITIAL REGISTERED AGENT AND OFFICE OF AGENT

A. The name of the initial Registered Agent of this Company at such address is:

SCOTT F. BARNETT

B. The street address of the initial registered office of this Company is:

Scott F. Barnett, Chartered  
234 East Davis Boulevard  
TAMPA, FL 33606

ARTICLE V  
ADDITIONAL MEMBERS

Additional members may be admitted to the Company upon the assent of the persons managing the Company pursuant to these Articles and upon completion of all acts required under Florida law.

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TALLAHASSEE, FLORIDA

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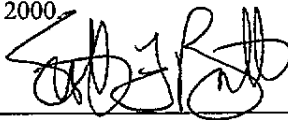
ARTICLE VI  
CONTINUATION OF COMPANY

The remaining members of the Company may continue the business of the Company on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Company.

ARTICLE VII  
MANAGEMENT; APPARENT AUTHORITY

The Company is to be managed by the member(s); provided, however, the member(s) shall elect a board of directors which, in turn, shall elect officers all of which will be as provided by resolutions passed by the members, By Laws adopted by the members or directors, and/or an operating agreement entered into by the member(s). No Member shall have authority to take or engage in any action, in its capacity as a Member, to bind the Company in any manner. This provision is intended to (i) provide actual notice to those who read it, or should have read it, that the rules of apparent authority do not apply to this Company.

IN WITNESS WHEREOF, the undersigned member has executed these Articles of Organization this 29 day of September, 2000.

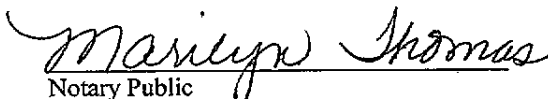


SCOTT F. BARNETT

STATE OF FLORIDA           )  
  )  
COUNTY OF HILLSBOROUGH )

THE FOREGOING INSTRUMENT was acknowledged before me this 29 day of September, 2000 by SCOTT F. BARNETT, who ☒ is personally known to me or ☐ has produced                      as identification and did not take an oath. [Notary, check appropriate blank; and, if obtaining identification, fill in appropriate identification number.]



  
Notary Public

MARILYN THOMAS  
(Printed Name of Notary)

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
(Serial Number, if any)

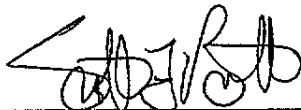
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TALLAHASSEE FLORIDA

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FILED

ACKNOWLEDGMENT OF RESIDENT AGENT

Having been named to accept service of process for MORAN MUSCULAR THERAPY, LLC at the place designated in this Certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of Section 48.04, Florida Statutes, relative to keeping open said office.



SCOTT F. BARNETT