

L02000021267

MARGARITA M. GRISHKOFF

21195 Escondido Way North
Boca Raton, Florida 33433
561-451-4513
Fax 561-883-0310
mgrish555@earthlink.net

August 14, 2002

Registration Section
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

100007176101--8
-08/19/02--01007--001
***250.00 ***125.00

Re: Articles of Organization – Phoenix Rehabilitation Network, LLC
Articles of Organization – Phoenix Integrated Health Systems, LLC

Dear Sir or Madam:

Enclosed are the above-referenced Articles of Organization and Designations of Registered Agent.

Also enclosed is a check in the amount of \$250.00 to cover the filing fees on behalf of both entities.

Please file in your customary manner.

Very truly yours,


Margarita M. Grishkoff

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L02-21267
JK

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Phoenix Rehabilitation Network, LLC

ARTICLE II - Address:

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

21195 Escandido Way North
Boca Raton, FL 33433

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

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

Margarita M. Grishkoff
Name
21195 Escandido Way North
Florida street address (P.O. Box **NOT** acceptable)
Boca Raton, FL 33433
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.

M. M. Grishkoff
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.

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

M. M. Grishkoff
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(2), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Margarita M. Grishkoff
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
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CLERK OF STATE
TALLAHASSEE, FLORIDA