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MARGARITA M. GRISHKOFF

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(2)

MJH

September 4, 2002

9/10 FL LLC

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

300007635133-4

-09/10/02--01046--003

\*\*\*\*275.00 \*\*\*\*125.00

Re: Articles of Organization – Floridian Rehabilitation of Kissimmee, LLC  
Articles of Organization – Floridian Rehabilitation of Jacksonville, LLC  
Articles of Amendment to Articles of Organization of Phoenix Integrated  
Health Systems, LLC

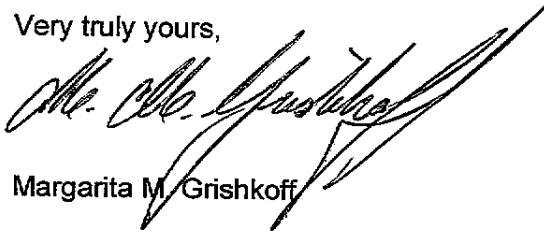
Dear Sir or Madam:

Enclosed are the above-referenced documents. Also enclosed is a check in the amount of \$275.00 to cover the filing fees on behalf of all the above.

Please file in your customary manner. Please note that the same fictitious name is being registered for different entities. Each entity has the same ownership.

If you have any questions, please call me at 561-451-4513 or 561-809-4513.

Very truly yours,



Margarita M. Grishkoff

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02 SEP 10 PM 4:46  
STATE OF FLORIDA  
TALLAHASSEE

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is: Floridian Rehabilitation of Jacksonville, LLC

## ARTICLE II - Address:

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

Mailing Address: 1020 S. Ocean Blvd., Ste. 11E, Pompano Beach, FL 33062

Street Address: 1021 Oak Street, Jacksonville, FL 32204

## 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

1021 Oak Street

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

Jacksonville FL 32204

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(3), 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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILED