

L03000020243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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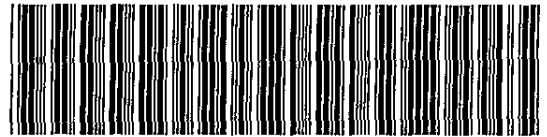
(Business Entity Name)

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06/05/03--01021--029 **155.00

FILED
03 JUN -5 PM 1:03
RECEIVED
03 JUN -5 AM 11:33
DEPT. OF REVENUE
TALLAHASSEE, FLORIDA

BK

CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: CINDY

DATE: 6-5-03

REF. #: 0174.16575

CORP. NAME: VISTA THERAPY CENTER, L.L.C.

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JUN -5 PM 1:03
TALLAHASSEE, FLORIDA

- | | | |
|------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 505352 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|----------------------------------------------------|-------------------------------------------------------|---------------------------------------------|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials



ARTICLES OF ORGANIZATION

VISTA THERAPY CENTER, L.L.C.,
a Florida limited liability company

FILED
03 JUN -5 PM 1:03
CLERK OF THE COURT
JUDICIAL CIRCUIT IN AND FOR
SARASOTA COUNTY, FLORIDA

ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

VISTA THERAPY CENTER, L.L.C.

ARTICLE II PRINCIPAL OFFICE

The street address and the mailing address of the principal place of business of the Limited Liability Company within the State of Florida shall be:

c/o Sarasota Therapy Center, Inc.
1945 Versailles Street, Second Floor
Sarasota, Florida 34239

ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

Edward H. Sarbey

c/o Sarasota Therapy Center, Inc.
1945 Versailles Street, Second Floor
Sarasota, Florida 34239

ARTICLE IV MANAGEMENT AND POWERS

The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Operating Agreement and Regulations of the Limited Liability Company.

4th IN WITNESS WHEREOF, these Articles of Organization have been executed as of the day of June, 2003.

WITNESSES:

Kathryn Angell Carr
Print Name KATHRYN ANGELL CARR

Barbara J. Middleton
Print Name BARBARA J. MIDDLETON

Edward H. Sarbey
— Edward H. Sarbey

"MANAGER"

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STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is:

VISTA THERAPY CENTER, L.L.C.

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

Edward H. Sarbey
c/o Sarasota Therapy Center, Inc.
1945 Versailles Street, Second Floor
Sarasota, Florida 34239

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STATE
TALLAHASSEE, FLORIDA

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: _____

06/04/03

Edward H. Sarbey

"REGISTERED AGENT"