

L030000035474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

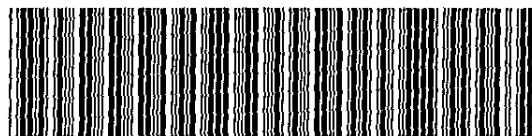
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09/18/03--01062--004 **25.00

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2003 SEP 18 PM 1:13
CORPORATIONS
TALLAHASSEE, FLORIDA

W03-23901

J. BRYAN AUG 21 2003

Trauma Rehabilitation Management Group, LLC

1130 South Semoran Boulevard

Orlando, FL 32807

407-282-5466 (office)

407-282-5467 (fax)

Office hours: Mon-Fri: 8:00am - 8:00pm

Sat-Sun 10:00am - 2:00pm

Reginald D. Baker, Sr.
Business Administrator

August 14, 2003

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Dear Sir:

Enclosed please find a check for the filing fee for the above company, and the Articles of Organization for Florida Limited Liability Company.

Sincerely,



Reginald D. Baker
Business Administrator

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2003 SEP 18 PM 1:13
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRAUMA Rehabilitation Management Group, LLC.
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rhonda C. Cox
(Name of Person)

TRAUMA Rehabilitation Management Group, LLC
(Firm/Company)

1130 S. Semoran Blvd suite B
(Address)

Orlando, Florida 32807
(City/State and Zip Code)

For further information concerning this matter, please call:

Reggie Baker at (407) 282-5466
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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2009 SEP 18 PM 1:13
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

September 15, 2003

REGINALD D. BAKER
TRAUMA REHABILITATION MANAGEMENT GROUP, L
1130 SOUTH SEMORAN BLVD.
ORLANDO, FL 32807

SUBJECT: TRAUMA REHABILITATION MANAGEMENT GROUP, LLC
Ref. Number: W03000023901

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2003 SEP 18 PM 1:14
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Received letter but no check was enclosed.

If you have any questions concerning the filing of your document, please call
(850) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 903A00051131



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 21, 2003

REGINALD D. BAKER
TRAUMA REHABILITATION MANAGEMENT GROUP, L
1130 SOUTH SEMORAN BLVD.
ORLANDO, FL 32807

SUBJECT: TRAUMA REHABILITATION MANAGEMENT GROUP, LLC
Ref. Number: W03000023901

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2003 SEP 18 PM 1:14
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

There is a balance due of \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 803A00047525

Trauma Rehabilitation Management Group, LLC

1130 South Semoran Boulevard

Orlando, FL 32807

407-282-5466 (office)

407-282-5467 (fax)

Office hours: Mon-Fri: 8:00am - 8:00pm

Sat-Sun 10:00am - 2:00pm

Reginald D. Baker, Sr.
Business Administrator

Re: Registration File
#w03000023901

Department of State
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

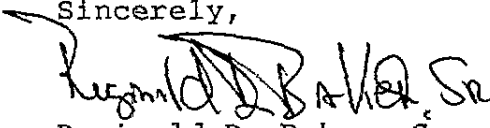
FILED
2003 SEP 18 PM 1:14
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Dear Joey Bryan:

As per your conversation with my office on 9-08-03, enclosed please find a check in the amount of twenty-five dollars.

This represents the balance due in reference to Trauma Rehabilitation Management Group, LLC. filing fee.

Sincerely,


Reginald D. Baker, Sr.
Business Administrator

Trauma Rehabilitation Management Group, LLC

1130 South Semoran Boulevard

Orlando, FL 32807

407-282-5466 (office)

407-282-5467 (fax)

Office hours: Mon-Fri: 8:00am - 8:00pm

Sat-Sun 10:00am - 2:00pm

**Reginald D. Baker, Sr.
Business Administrator**

FILED
2003 SEP 18 PM 1:14
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

September 9, 2003

Re: Registration File
W03000023901

Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Dear Joey Bryan:

As per your conversation with my office on 9-08-03, enclosed please find a check in the amount of twenty-five dollars.

This represents the balance due in reference to Trauma Rehabilitation Group, LLC filing fee.

Sincerely,-



Reginald D. Baker, Sr.
Business Administrator

RDB/bm

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: TRAUMA Rehabilitation Management Group,

ARTICLE II - Address:

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

Principal Office Address:

1130 S. Semoran Blvd suite B
ORLANDO, Florida 32807

Mailing Address:

1130 S. Semoran Blvd suite B
ORLANDO, Florida
32807

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

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

Rhonda C. Cox c/o TRAUMA Rehabilitation Mgmt Group
Name
1130 S. Semoran Blvd suite B
Florida street address (P.O. Box NOT acceptable)
ORLANDO FL 32807
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..

Rhonda C. Cox
Registered Agent's Signature

(CONTINUED)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Rhonda C. Con

1984 Applegate Dr.

Ocoee, Fla. 34761

MGRM

OPAL Newton

1984 Applegate Dr

Ocoee, Fla 34761

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Reginald D. Baker Adm

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.)

Reginald D. Baker Administrator

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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BIRMINGHAM CORPORATION'S
FALLANASSEE, FLORIDA