

**LD30000037294** (5)

Florida Department of State  
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MJH

To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : GRAY HARRIS ROBINSON LANE TROHN  
Account Number : 120000000092  
Phone : (863) 284-2200  
Fax Number : (863) 688-0310

**LIMITED LIABILITY COMPANY**

All Ways Accessible Rehab, LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

RECEIVED

03 SEP 30 PM 2:33

DIVISION OF CORPORATIONS

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION  
OF

ALL WAYS ACCESSIBLE REHAB, LLC

The undersigned hereby present(s) these Articles of Organization for the formation of a Limited Liability Company pursuant to the Florida Limited Liability Company Act.

ARTICLE I

NAME

The name of the Limited Liability Company is ALL WAYS ACCESSIBLE REHAB, LLC.

ARTICLE II

PRINCIPAL OFFICE

The mailing address and street address of the Limited Liability Company is 4898 Lake Juliana Reserve, Auburndale, Florida 33823.

ARTICLE III

DURATION

The Limited Liability Company shall have perpetual existence, commencing on the date of the execution and acknowledgment of these Articles of Organization.

ARTICLE IV

PURPOSE

The Limited Liability Company is organized for the purpose of transacting any and all lawful business.

ARTICLE V

MANAGEMENT

The Limited Liability Company is to be a member-managed company.

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ARTICLE VI

INITIAL REGISTERED OFFICE AND INITIAL REGISTERED AGENT

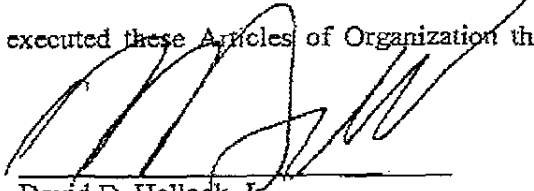
The street address of the initial registered office of the Limited Liability Company is One Lake Morton Drive, Lakeland, Florida 33801 and the name of the initial registered agent of the Limited Liability Company at that office is David D. Hallock, Jr.

ARTICLE VII

INDEMNIFICATION

Except to the extent otherwise provided in the Operating Agreement of the Limited Liability Company, the Limited Liability Company shall indemnify each person or entity who was or is a Member, director, officer, employee or agent of the Limited Liability Company to the full extent permitted by law.

IN WITNESS WHEREOF, the undersigned, being an authorized representative of a Member of the Limited Liability Company, has executed these Articles of Organization this 30<sup>th</sup> day of September, 2003.

  
David D. Hallock, Jr.

09-30-2003 02:15PM FROM GRAY HARRIS

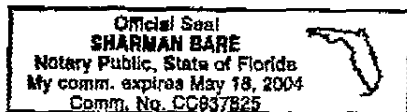
863-868-9771

T-190 P.004/005 F-980

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STATE OF FLORIDA  
COUNTY OF POLK

The foregoing Articles of Organization were acknowledged before me this 30<sup>th</sup> day of September, 2003, by David D. Hallock, Jr. as an authorized representative of a Member of the Limited Liability Company, who is personally known to me.



Sharmen Bare  
NOTARY PUBLIC, State of Florida at Large

\_\_\_\_\_  
(Printed Name)

My commission expires: \_\_\_\_\_  
My commission number: \_\_\_\_\_

(AFFIX NOTARY SEAL)

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**CERTIFICATE OF DESIGNATION**

**OF**

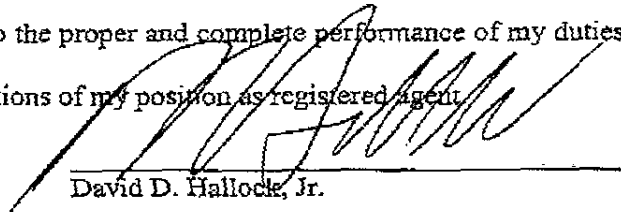
**REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 AND SECTION 608.507, FLORIDA STATUTES, ON BEHALF OF THE LIMITED LIABILITY COMPANY REFERENCED BELOW, THE UNDERSIGNED SUBMITS THE FOLLOWING STATEMENT DESIGNATING THE REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA:

1. The name of the Limited Liability Company is: ALLWAYS ACCESSIBLE REHAB, LLC.
2. The name and street address of its initial registered agent and initial registered office is:

David D. Hallock, Jr.  
One Lake Morton Drive  
Lakeland, FL 33801

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.

  
David D. Hallock, Jr.

Date: September 30, 2003

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