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Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : PORGES, HAMLIN, KNOWLES AND PROUTY, PA.

Account Number : 076077602227 Phone : (941)748-3770 Fax Number : (941)746-4160

### LIMITED LIABILITY COMPANY

Tampa Bay Rehab Group, LLC

|                       | ======================================= |
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| Certificate of Status | 0                                       |
| Certified Copy        | 0                                       |
| Page Count            | 03                                      |
| Estimated Charge      | \$125.00                                |

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#### STATE AUDIT #

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#### ARTICLES OF ORGANIZATION OF

# TAMPA BAY REHAB GROUP, LLC a Florida Limited Liability Company

### ARTICLE I:

The name of the limited liability company ("Company") is TAMPA BAY REHAB GROUP, LLC, a Florida Limited Liability Company.

#### ARTICLE II: Duration and Purpose

The period of duration for the Company is perpetual. The purpose of this limited liability company is to engage in any and all lawful businesses.

## ARTICLE III: Address

The mailing and street address of the Company's principal office is 9108 Canberley Drive, Tampa, FL 33647.

#### ARTICLE IV: Registered Agent and Office

The name of Company's initial registered agent in Plorida is Thomas E. Oxley. The street address of the Company's registered office and registered agent is 9108 Canberley Drive, Tampa, FL 33647.

#### ARTICLE V: Right of Remaining Members to Continue Business

The remaining members of the Company, if any, have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event that terminates the continued membership of a member in the Company. The business may be continued only on the unanimous written consent of the remaining members.

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IN WITNESS THEREOF, I have signed these Articles of Organization and acknowledged them to be my act this // day of November 2003

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In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Thomas E. Oxley, Authorized Representative

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STATE AUDIT#

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned Limited Liability Company submits the following statement in designating its registered office/registered agent, in the State of Florida:

- (1) The name of the limited liability company is Tampa Bay Rehab Group, LLC, a Florida Limited Liability Company.
- (2) The name and address of the registered agent and office is: Thomas E. Oxiey, 9168 Camberley Drive, Tampa, FL 33647.

Having been named as registered agent and to accept service of process for the above-named 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.

Dated: November \_ 2, 2003.

Thomas E. Oxley

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