

L 04 0000 49695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000038344470

07/01/04--01043--020 **155.00

FILED
04 JUL - 1 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LAW OFFICES OF
KENNEDY & ASSOCIATES, P.L.**

P. TODD KENNEDY, P.A., LL.M., Taxation †
PAUL T. TRINLEY, P.L., LL.M. Taxation
DANA M. SANTINO, P.A., LL.M. Taxation ***

EARL E. MAYER, JR., Of Counsel *
MARK J. NOWICKI, P.A., Of Counsel † **
BENJAMIN S. KENNEDY, JR., P.A., Of Counsel

† Board Certified in Taxation

* Federal Tax Counsel to the Firm
Admitted in Ohio Only, Practice Limited
To Matters of Federal Tax Law

** Also Admitted in Colorado and Montana

*** Also Admitted in New York and the District of Columbia

THE FORUM - TOWER A
1675 PALM BEACH LAKES BLVD.
SUITE 700
WEST PALM BEACH, FL 33401

TEL: (561) 683-2484
FAX: (561) 684-3142
E-MAIL: Kennedy@Kennedyvllaw.com

June 30, 2004

VIA FEDERAL EXPRESS

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

Re: Beal Physical Therapy, P.L.


Dear Sir/Madam:

Enclosed please find an original and one (1) copy of the Articles of Organization for the above referenced company. Please file the original and return a certified copy stamped with the date and time the document has been accepted for filing. I have enclosed a self-addressed, stamped envelope for the return of the requested document, along with a check in the amount of \$155.00, to cover the required filing fees.

Please do not hesitate to contact me should you have any questions.

Sincerely,

KENNEDY & ASSOCIATES, P.L.


Tracey S. Murry, Assistant to
P. Todd Kennedy

/tsm

F:\Scoma\Beal Physical Therapy\trs\secretary of state 6-30-04.doc

FILED
04 JUL -1 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

Article I

The name of the Limited Liability Company is:

BEAL PHYSICAL THERAPY, P.L.

Article II

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

6461 Spartina Circle
Jupiter, FL 33458

Article III

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

Jennifer Beal
6461 Spartina Circle
Jupiter, FL 33458

FILED
04 JUL - 1 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Registered Agent Signature: _____


Jennifer Beal

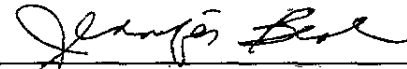
Article IV

The purpose of the Company is:

The Company is organized for the purpose of the practice of physical therapy and the rendition of physical therapy services and transacting any and all lawful business appurtenant thereto for which a limited liability company may be organized under §608.401 et seq. of the Florida

Limited Liability Company Act and §621.101 et seq. of the Florida Professional Service Corporation and Limited Liability Act.

Signature of member or
an authorized representative of a member


Jennifer Beal

F:\Scoma\Beal Physical Therapy\docs\Art of Organization.doc

FILED

04 JUL - 1 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA