

L04000081785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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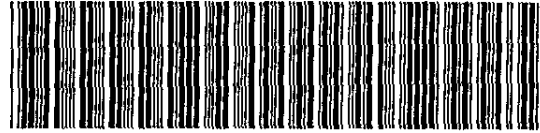
(Business Entity Name)

(Document Number)

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2004 DEC 20 PM 1:01
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN DEC 29 2004

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted **within the required 30 business days** to correct the **attached** articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
Therapy Partners, LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
The members of the LLC were incorrectly listed. The correct members are:

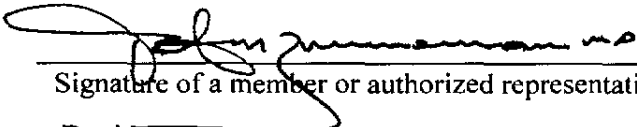
MGRM: Paul M. Zimmerman, 325 East San Marino Drive, Miami Bch, FL 33139

MGR: Gerald G. Glass, 3970 Martin Court, Weston, FL 33331

OR

- Was defectively signed. The manner in which the document was defectively signed and the appropriate correction is as follows:

Dated: December 10, 2004


Signature of a member or authorized representative of a member

Paul M. Zimmerman

Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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**Electronic Articles of Organization
For
Florida Limited Liability Company**

L04000081785
FILED 8:00 AM
November 12, 2004
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Article I

The name of the Limited Liability Company is:

THERAPY PARTNERS LLC

Article II

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

3399 N.W 72 AVENUE
SUITE 101
MIAMI, FL. US 33122

The mailing address of the Limited Liability Company is:

3399 N.W 72 AVENUE
SUITE 101
MIAMI, FL. US 33122

Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

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

ROCHELLE S MATZA
3399 N.W. 72 AVENUE
SUITE 101
MIAMI, FL. 33122

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: ROCHELLE S, MATZA

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TALLAHASSEE, FLORIDA

Article V

The name and address of managing members/managers are:

Title: MGRM
ASSOCIATE SURGEONS NETWORK, LLC
3399 N.W. 72 AVENUE, SUITE 101
MIAMI, FL. 333122 US

Title: MGR
WEST SUNRISE PHYSICAL THERAPY, INC.
5975 WEST SUNRISE BOULEVARD, SUITE 104
SUNRISE, FL. 33313

Signature of member or an authorized representative of a member

Signature: ROCHELLE S. MATZA

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