

L050000027305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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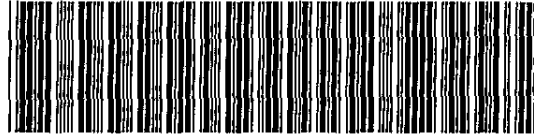
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

JP
3-18-05

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEDICAL REHAB CLINIC OF BROWARD, 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:

Aland Pierre-Canel
(Name of Person)

Aland Pierre-Canel, CPA, PA
(Firm/Company)

P.O Box 370305
(Address)

Miami, FL 33137
(City/State and Zip Code)

For further information concerning this matter, please call:

Aland Pierre-Canel at (305) 892-8565
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy
(additional copy is enclosed) |
|--|--|---|---|

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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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
MEDICAL REHAB CLINIC OF BROWARD, LLC**

The undersigned individuals hereby form a limited liability company under Chapter 608 of the State of Florida.

ARTICLE I. Name

The name of the limited liability company is **MEDICAL REHAB CLINIC OF BROWARD, LLC**.

ARTICLE II. Address

The mailing address and street address of the principal office of the limited liability company follow:

1554 NE 4th Ave
Ft. Lauderdale, FL 33304

ARTICLE III. Nature of business

The limited liability company shall engage in providing medical care in the area. The company also reserves the right to engage in any activity or business permitted under the laws of the United States and of the State of Florida.

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ARTICLE IV. Members

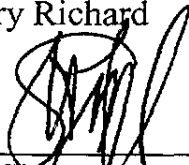
The names of the initial members of the limited liability company are:

Dr. Smith Joseph

Dr. Charles Harry Richard


Mr. Fritz Nicolas

Dr. Smith Joseph



Signature

Dr. Charles Harry Richard



Signature

Mr. Fritz Nicolas



Signature

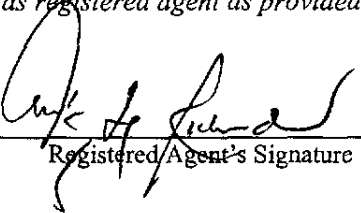
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ARTICLE V. Registered Agent, Registered Office & Registered Agent's Signature:

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

Dr. Charles H. Richard
1554 NE 4th Ave
Ft. Lauderdale, FL. 33304

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 I Chapter 608, F.S.



Registered Agent's Signature

Date: 3/14/05

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