

L05000065006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

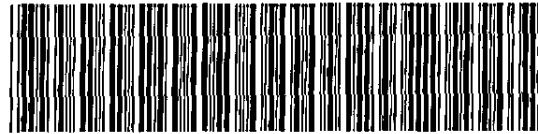
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 JUN 30 PM 3:03

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 459263 10463A

AUTHORIZATION : *Patricia Pigute*

COST LIMIT : \$ 125.00

FILED
05 JUN 30 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : June 30, 2005

ORDER TIME : 11:15 AM

ORDER NO. : 459263-005

CUSTOMER NO: 10463A

CUSTOMER: Ms. Larissa K. Lincoln
Cohen Norris Scherer
Weinberger & Wolmer
Suite 400
712 U.s. Highway 1
North Palm Bch, FL 33408-7146

DOMESTIC FILING

NAME: ON-SITE PHYSICAL THERAPY,
LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 2935

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION OF
ON-SITE PHYSICAL THERAPY, LLC**

The undersigned hereby forms and establishes a limited liability company pursuant to Chapter 608, Florida Statutes as follows:

ARTICLE I

The name of this limited liability company is ON-SITE PHYSICAL THERAPY, LLC.

ARTICLE II

This limited liability company shall have perpetual existence from the **DATE OF FILING** of these Articles of Organization with the Department of State, unless sooner terminated as provided in the Operating Agreement executed or to be executed by the members..

ARTICLE III

The mailing address and street address of the principal place of business of this limited liability company is 513 Driftwood Road, North Palm Beach, Florida 33408. This limited liability company may, at its discretion, change the address of its principal place of business.

ARTICLE IV

The name and street address of the initial registered agent of this limited liability company is BRAD NOLIN, 513 Driftwood Road, North Palm Beach, Florida 33408.

ARTICLE V

Additional members may be admitted to this limited liability company upon such terms and conditions as shall be established by the members as described in the Operating Agreement. The initial managing member shall be BRAD NOLIN, 513 Driftwood Road, North Palm Beach, Florida 33408.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name this 29th day of ~~July~~, 2005.
June,



BRAD NOLIN,
Member

05 JUN 30 PM 3:03
FILED
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

**CERTIFICATE DESIGNATING REGISTERED
OFFICE FOR THE SERVICE OF PROCESS
WITHIN THIS STATE, NAMING AGENT
UPON WHOM PROCESS MAY BE SERVED**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

That **ON-SITE PHYSICAL THERAPY, LLC**, a Florida Limited liability company, with its registered office at 513 Driftwood Road, North Palm Beach, Florida 33408, has named **BRAD NOLIN**, at 513 Driftwood Road, North Palm Beach, Florida 33408, as its initial registered agent to accept service of process within this State.

ACKNOWLEDGMENT:

Having been named registered agent to accept service of process for the above-stated limited liability company at the place designated in this Certificate, I hereby accept to act in such capacity and agree to comply with the applicable provisions of law.

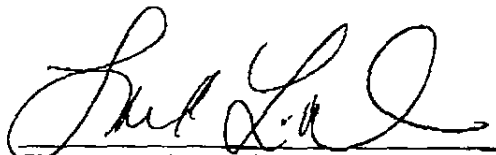
By: 

BRAD NOLIN
Registered Agent

STATE OF FLORIDA)
)
COUNTY OF PALM BEACH)

The foregoing instrument was acknowledged before me this 29th day of July, 2005 by **BRAD NOLIN**, who is personally known to me or who has produced Florida State Driver's License Number 1117 as identification and who did () or did not () take an oath.

Executed this 29th day of July, 2005.



Signature of Notary

Printed Name: **LARISSA K. LINCOLN**

My Commission Expires:

My Commission Number:

