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# Florida Department of State

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To:

Division of Corporations

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From:

Account Name

: SHUTTS & BOWEN LLP OPERATING ACOUNT

Account Number : 120030000037

: (561)835-8500

Phone

Fax Number

: (561)650-8530

# FLORIDA/FOREIGN LIMITED LIABILITY CO.

Gardens Physical Medicine, LLC

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Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155,00

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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#### ARTICLE I - Name

The name of the Limited Liability Company is:

Gardens Physical Medicine, LLC

#### ARTICLE II - Address

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

Mailing and Street

Address:

4383 Northlake Blvd., Suite 309

and Palm Beach Gardens, FL 33410

Aun; Dr. Phil Scuderi

## ARTICLE III - Registered Agent and Office

The name and the Florida street address of the initial registered agent of the Limited Liability Company are:

Registered Agent:

CORPORATION COMPANY OF MIAMI

Street Address

250 Australian Ave. Suite 500 (JAP)

West Palm Beach, Florida 33401

### ARTICLE IV - Management

The Limited Liability Company is to be managed by one or more Managers and is, therefore, a manager-managed company.

Date: August 29, 2007

Gardens Physical Medicine, LLC a Florida limited liability company

James A. arrell, as authorized agent for

Dr. Phil Scuderi, Manager

(In neutral man section 608 408(3), Playida Statuta, the execution of this hilldayly constitutes an affirmation under the penalties of perjury that the fines stated boosin are true.)

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REGISTERED AGENT ACCEPTANCE

Having been named to accept service of process for the above stated limited liability company at the address designated in this certificate pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned hereby agrees to act in this capacity, and further agrees to comply with the provisions of all statutes relative to the proper and complete discharge of its duties.

CORPORATION COMPANY OF MIAMI REGISTERED AGENT

By: Name: James Farrell

Title: ¿Vice President.

NUG 29 AH 8: 19 RELANT STATE AHASSEE, FLORIU

PILING FEES:
\$100.00 Filing Fee for Articles of Organization
\$25.00 Designation of Registered Agent
\$30.00 Certified Copy (OPTIONAL)
\$5.00 Certifients of Status (OPTIONAL)