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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

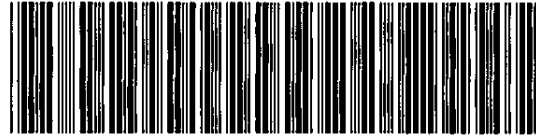
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**JOHN F. SPROULL, JR.**

**ATTORNEY AT LAW**

**314 ST. JOHNS AVENUE**

**PALATKA, FLORIDA 32177**

**PHONE 386-325-5301**

**FAX 386-325-3049**

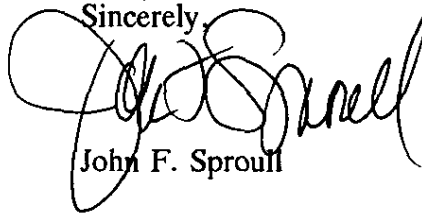
September 18, 2007

TO: Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

SUBJECT: Rehab Services of Palatka, LLC

The enclosed Articles of Organization and fees of \$125.00 are submitted for filing. Please return all correspondence concerning this matter to John F. Sproull, Attorney at Law, 314 St. Johns Avenue, Palatka, Florida 32177. For further information concerning this matter, please call John F. Sproull at (386) 325-5301, fax (386) 325-3049.

Sincerely,



John F. Sproull

JFS/vm  
Enc.

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION**  
**OF**  
**REHAB SERVICES OF PALATKA, LLC**  
**A LIMITED LIABILITY COMPANY**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

**ARTICLE I - NAME**

The name of the Limited Liability Company is REHAB SERVICES OF PALATKA, LLC.

**ARTICLE II - ADDRESS**

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

**PRINCIPAL OFFICE ADDRESS**

110 Kay Larkin Drive  
Palatka, FL 32177

**MAILING ADDRESS**

110 Kay Larkin Drive  
Palatka, FL 32177

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**ARTICLE III - REGISTERED AGENT AND REGISTERED OFFICE**

The name and Florida Street address of the initial registered agent is Patricia T. Freeman, 110 Kay Larkin Drive, Palatka, FL 32177.

**ARTICLE IV - MANAGING MEMBER**

The name address of each managing member of this Limited Liability Company is as follows:

Patricia T. Freeman, MGRM  
4487 Golf Ridge Drive  
Elkton, FL 32033

Steven A. Strawn, MGRM  
910 Spring Park Street, #303  
Celebration, FL 34747

IN WITNESS WHEREOF, I have signed the Articles of Organization as the subscribing member of this Limited Liability Company and acknowledge this to be my act this 19th day of September, 2007.

  
PATRICIA T. FREEMAN

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**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT**

Having been named as registered agent and to accept service of Process for REHAB SERVICES OF PALATKA, LLC, at 110 Kay Larkin Drive, Palatka, FL 32177, 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, I m familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.



PATRICIA T. FREEMAN

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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