

LOG000008985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

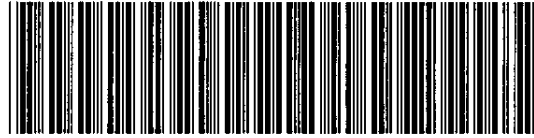
(Business Entity Name)

(Document Number)

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08 JAN 25 AM 8:24 RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

B. KOHR  
JAN 28 2008  
EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: NICHOLE STONE

DATE: 01/25/2008

REF. #: 000177.80537

CORP. NAME: REHAB CLINICS MANAGEMENT OF ORANGE CITY, LLC

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TALLAHASSEE, FLORIDA

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 524465 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

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**ARTICLES OF ORGANIZATION  
OF  
REHAB CLINIC MANAGEMENT OF ORANGE CITY, LLC**

**FILED**  
08 JAN 25 AM 8:24  
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TALLAHASSEE, FLORIDA

The undersigned, being authorized to execute and file these Articles of Organization of **REHAB CLINIC MANAGEMENT OF ORANGE CITY, LLC** (the “Limited Liability Company”), hereby certifies that:

ARTICLE I — Name:

The name of the Limited Liability Company is:

REHAB CLINIC MANAGEMENT OF ORANGE CITY, LLC

ARTICLE II — Address:

The mailing address of the Limited Liability Company is and street address of the principal office of the Limited Liability Company is 250 Treemont Avenue, Orange City, Florida 32763.

ARTICLE III — Duration:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV — Registered Agent:

The name and address of the registered agent for service of process in the state shall be:

CorpDirect Agents, Inc.  
515 East Park Avenue  
Tallahassee, Florida 32301

ARTICLE V — Management:

The Limited Liability Company will be a manager-managed company.

ARTICLE VI – Indemnification

The Limited Liability Company shall indemnify and hold harmless its members and managers against any and all claims and demands whatsoever to the greatest extent permitted under Florida law.



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Guy Annunziata, D.C.  
Authorized Signatory

**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT**

**REHAB CLINIC MANAGEMENT OF ORANGE CITY, LLC**

*Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent as provided for in Chapter 608, F.S.*

CorpDirect Agents, Inc.

By: Katie Wonsch  
Print Name: Katie Wonsch  
Title: Assistant Secretary

Dated: January 25, 2008