

MAY-05-2010 10:45

NATIONS BUSINESS CENTER, INC.

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Florida Department of State  
Division of Corporations  
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Fax Number : (850) 617-6383

From:

Account Name : NATIONS BUSINESS CENTER, INC.  
Account Number : 120000000238  
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FLORIDA LIMITED LIABILITY CO.  
ACTION LIFE PHYSICAL THERAPY LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
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J. BRYAN

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Help MAY -6 2010

EXAMINER

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Action Life Physical Therapy, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

## ARTICLE II - Address:

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

Principal Office Address:Elmer Pillon19 Winchmore LaneBoynton Beach, FL 33426Mailing Address:

## ARTICLE III - Registered Agent, Registered Office, &amp; Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Elmer Pillon

Name

19 Winchmore LaneFlorida street address (P.O. Box NOT acceptable)Boynton BeachFL 33426

City, State, and Zip

*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 in Chapter 608, F.S.*

X   
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" - Manager

"MGRM" - Managing Member

Name and Address:

MGR

Elmer Pillon

19 Winchmore Lane

Boynton Beach, FL 33426

MGRM

Sonis Pillon

19 Winchmore Lane

Boynton Beach, FL 33426


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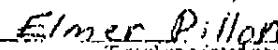
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL.)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

x   
 Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

  
 Typed or printed name of signer