Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000259144 3)))



H110002591443ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) £17-6383

From:

Account Name : MOORE & MENKHAUS, P.A.

Account Number : I20000000087 Phone : (561)394-7910

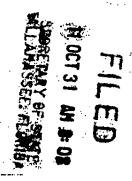
Fax Number ; (561)393-6541

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FLORIDA LIMITED L'IABILITY CO. PHYSICAL THERAPY 1601 CLINT MOORE, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00



Electronic Filing Menu

Corporate Filing Menu

Help J. BRYAN

NOV -1 2011 0/28/201

BO LES

(((H110002591443)))

ARTICLES OF ORGANIZATION OF PHYSICAL THERAPY 1601 CLINT MOORE, LLC

The undersigned authorized representative of a member, for the purpose of forming a limited liability company under the Florida Limited Liability Act, Florida Statutes Chapter 608 (the "Act"), hereby makes, acknowledges and files the following Articles of Organization.

ARTICLE 1 - NAME

The name of the limited liability company shall be PHYSICAL THERAPY 1601 CLINT MOORE, LLC (the "Company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Company is 1601 Clint Moore Road, Suite 135, Boca Raton, FL 33487.

ARTICLE III - REGISTERED AGENT

The name of the registered agent of the Company in the State of Florida is David J. Menkhaus, and his address is 1900 Glades Road, Suite 401, Boca Raton, FL 33431.

ARTICLE IV - MANAGEMENT BY MANAGERS

The Company is to be managed by two or more Managers, and is, therefore, a manager-managed limited liability company.

IN WITNESS WHEREOF, the undersigned authorized representative of the Company has made, subscribed and affirmed these Articles of Organization under the penalties of perjury that the facts stated herein are true.

David J. Menkhaus, Authorized Representative

(((H110002591443)))

FROM-MOORE MENKHAUS PA

(((H11000259144 3)))

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned submits the following statement to accept the designation of registered office and agent in the State of Florida set forth in Article III of th foregoing Articles of Organization.

- 1. The name of the limited liability company is PHYSICAL THERAPY 1601 CLINT MOORE, LLC.
- 2. The name of the registered agent in the State of Florida is David J. Menkhaus, an individual.
- 3. The address of the registered agent in the State of Florida is 1900 Glades Road, Suite 401, Boca Raton, FL 33431.

THE UNDERSIGNED HEREBY accepts his appointment as Registered Agent of the aforesaid Limited Liability Company. I am familiar with, and accept the obligations of, Section 608.415 of the Florida Statutes.

David Menkhaus

