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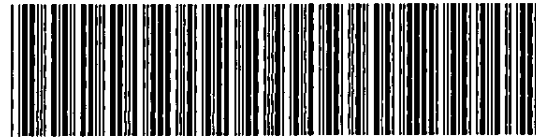
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan AUG 31 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COUNTRY CLUB PHYSICAL THERAPY, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

John I. Middaugh
Attorney at Law
4100 Corporate Square, Ste. 152
Naples, FL 34104

E-mail address to be used for future annual report notification: philipcrombie@gmail.com

For further information concerning this matter, please call:

John I. Middaugh at (239) 263-3100

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee
- ☒ \$130.00 Filing Fee & Certificate of Status
- ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET/COURIER ADDRESS:

Florida Department of State or
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
(850) 245-6051

MAILING ADDRESS:

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
(850) 245-6051

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY
COUNTRY CLUB PHYSICAL THERAPY, LLC**

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TALLAHASSEE, FLORIDA

Pursuant to Section 608.407, Florida Statutes, the following is set forth:

ARTICLE I – NAME

The name of the Limited Liability Company is Country Club Physical Therapy, LLC.

ARTICLE II – ADDRESS

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

Country Club Physical Therapy, LLC
14529 Indigo Lakes Circle
Naples, FL 34119

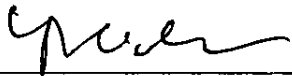
ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE:

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

Name: Philip P. Crombie

Address: 14529 Indigo Lakes Circle
Naples, FL 34119

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, Florida Statutes.



Registered Agent's Signature

ARTICLE IV – MANAGER(S) or MANAGING MEMBER(S)

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

Title

Name and Address

MGRM

Philip P. Crombie
14529 Indigo Lakes Circle

Naples, FL 34119

MGR

Michelle A. Crombie
14529 Indigo Lakes Circle
Naples, FL 34119

ARTICLE V – COMMENCEMENT OF EXISTENCE

This Limited Liability Company shall be deemed to commence its existence when these Articles are filed with the Florida Department of State.

ARTICLE VI – BUSINESS PURPOSE

The purpose of the Limited Liability Company is to engage in physical therapy and any other lawful act or activity for which a Limited Liability Company may be formed under the Limited Liability statutes of the State of Florida.

ARTICLE VII – DURATION

The Limited Liability Company shall have a perpetual existence.

ARTICLE IX – MEMBERS LIMITED LIABILITY

The liability of the members shall be limited as provided under the laws of the Florida Limited Liability statutes.

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ARTICLE X – MANAGER(S) & MEMBER(S) AS AGENTS

No persons other than the Manager and Managing Member(s) are agents of the Limited Liability Company or have the authority to make any contracts, enter into any transactions, or make any commitments on behalf of the Limited Liability Company, each of whom, individually shall have the authority. No member shall be an agent of any other member of the Limited Liability Company solely by reason of being a member.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization at Collier County, Florida on this 28 day of August, 2011. 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Philip P. Crombie, Managing Member