

Division of Corporations

L13000059490

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : A.A.ALI, CPA
Account Number : I20000000192
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TALLAHASSEE, FLORIDA

13 APR 22 AM 8:30

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

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TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
Florida Physiatry, LLC.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

C. LEWIS

APR 24 2013

EXAMINER

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Corporate Filing Menu

Help

From: Amy Shihwain Fax: 4072980880
850-617-6381

To: DIVISION OF CORPOR Fax: +1 (850) 617-6383 Page 1 of 1
4/23/2013 8:18:24 AM FAX SERVER



April 23, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

A.A.ALI, CPA

SUBJECT: FLORIDA PHYSIATRY, LLC
REF: W13000023577

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

If you have any further questions concerning your document, please call (850) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

FAX Aud. #: H13000089874
Letter Number: 513A00009682

ENTITY NAME AS IT APPEARS IS THE PREFERRED
NAME FOR CORP.

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TALLAHASSEE, FLORIDA

Thank you

P.O BOX 6327 - Tallahassee, Florida 32314

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13 APR 22 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

FLORIDA PHYSIATRY, LLC.

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

ARTICLE II - Address:

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

**106 BOSTON AVE. STE 205
ALTAMONTE SPRINGS, FL 32701**

ARTICLE III - Registered Agent, Registered Office, & 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:

**FIAZ JALEEL
106 BOSTON AVE. STE 205
ALTAMONTE SPRINGS, FL 32701**

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..



FIAZ JALEEL / Registered Agent's Signature

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13 APR 22 AM 8:30

ARTICLE IV- Manager(s) or Managing Member(s) SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

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

"MGR" = Manager

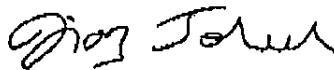
"MGRM" = Managing Member

FIAZ JALEEL - MGRM
106 BOSTON AVE. STE 205
ALTAMONTE SPRINGS, FL 32701

ARTICLE V: Effective date, if other than the date of filing: 4/19/2013

(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:



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.)

FIAZ JALEEL

Typed or printed name of signee

((H13000089874 3))