

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L18000220729
FILED 8:00 AM
September 17, 2018
Sec. Of State
slsingleton**

Article I

The name of the Limited Liability Company is:
OCALA REHABILITATION PHYSICIANS, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
2275 SW 22ND LANE
OCALA, FL. US 34471

The mailing address of the Limited Liability Company is:
2275 SW 22ND LANE
OCALA, FL. US 34471

Article III

Other provisions, if any:
FOR MEDICAL PRACTICE IN THE SPECIALTY OF PHYSICAL MEDICINE
AND REHABILITATION.

Article IV

The name and Florida street address of the registered agent is:
KRISTIN E CLEMONS
25055 SW 19TH AVENUE
NEWBERRY, FL. 32669

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.

Registered Agent Signature: KRISTIN E CLEMONS

Article V

The name and address of person(s) authorized to manage LLC:

Title: DR
KRISTIN E CLEMONS
25055 SW 19TH AVENUE
NEWBERRY, FL. 32669

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Signature of member or an authorized representative

Electronic Signature: KRISTIN E CLEMONS

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.