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Florida Department of State
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FLORIDA LIMITED LIABILITY CO.

SouthWest Florida Therapy, LLC

Certificate of Status	0
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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I — Name:

The name of the Limited Liability Company is:

SouthWest Florida Therapy, LLC

ARTICLE II — Address:

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

Mailing Address: c/o Dr. Kevin M. Van Nostrand
324 Cross Street
Punta Gorda, FL 33950

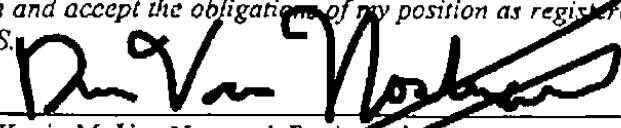
Street Address: 324 Cross Street
Punta Gorda, FL 33950

ARTICLE III — Registered Agent, Registered Office, & Registered Agent's Signature:

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

Dr. Kevin M. Van Nostrand
324 Cross Street
Punta Gorda, FL 33950

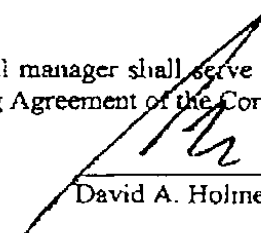
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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 605, F.S.


Kevin M. Van Nostrand, Registered Agent

ARTICLE IV — Management

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager – managed company with the initial manager being:

The initial manager shall serve until his resignation or removal in accordance with the terms of Operating Agreement of the Company.


David A. Holmes, Authorized Representative of a Member

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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