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.

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To:

Division of Corporations

Fax Number

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

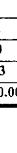
Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

\*\*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 LIABILITY CO. HS PHYSICAL THERAPY LLC

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



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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	
ARTICLE I - Name: The name of the Line is a second	
The name of the Limited Liability Company is:	
ARTICLE II Add	
- Merapy LLC	
The mailing address and street address of the arrival	<del>-</del>
The mailing address and street address of the principal office of the	Limited Liability
15470 5 141	
- SW ITS ALL MIAM, FO	′ 33.21
15470 Sw 14) Ave Man, FC	
ADTICLE IN THE	<del></del>
ARTICLE III - Registered Agent, Registered Office:	4
The name and the Florida street address of the registered agent are:  Company cannot serve as its own Registered Agent. You must designate an individual or another by  with an active Florida registration?	(The Limited Liability): 28 T
Company cannot serve as its own Registered Agent. You must designate an individual or another but with an active Florida registration.)	Siness engin
	ASS TASS
Alas A Vereira	28 28 585
Carlas A Pereira 15470 Sw 143 Aug Many FL 3317	
170 Sw 173 Aug Migny FL 3317	ا في الله الله
	7
ARTICLE IV	
The name and title of each person authorized to manage and control Liability Company: (MGR or AMBR)	
Liability Company: (MGR or AMBR)	the Limited
CARLOS A. Pereira - AMBR	
AMBR.	
	_
····	

## Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution (1 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 Depairment of State constitutes a third degree felony as provided for in s.817.155, F.S.

> TARLOS A PEREIRA Typed or printed name of signee

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 ager : as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)