

NOTE: PLEASE CALL IF THERE IS A PROBLEM WITH THIS REQUEST.

L95000000003

OFFICE USE ONLY (Document #)

ANN HILL

(Requestor's Name)

3520 Thomasville Road, Fourth Floor

(Address)

Tallahassee, Florida 32308-3469

(City, State, Zip)

(Phone #)

(904) 893-4105

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Comprehensive Physical Therapy, Inc. (Corporation Name) (Document #)

2. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

☒ Walk in

☐ Pick up time 12:00

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

W95-15

Mem, 1127

Examiner's Initials

KAN

FILED
95 JUN 14 PM 1:31
RECEIVED
STATE OF FLORIDA
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATION
95 JUN -3 PM 10:02



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham
Secretary of State

January 3, 1995

ANN HILL
SMITH & THOMPSON
3520 THOMASVILLE RD., 4TH FLOOR
TALLAHASSEE, FL 32308

SUBJECT: COMPREHENSIVE PHYSICAL THERAPY - FERNANDINA, L.C.
Ref. Number: W9500000015

We have received your document for COMPREHENSIVE PHYSICAL THERAPY - FERNANDINA, L.C. and check(s) totaling \$0. However, your check(s) and document are being returned for the following:

It is unclear whether Mr. FRANK A. ALLEN or JACKSONVILLE GROUP, INC. is a member. If the latter, the document should consistently read JACKSONVILLE GROUP, INC. by FRANK A. ALLEN. His name and capacity with the corporation should be typed near/underneath his signature.

An affidavit is required pursuant to section 608.407(2), Florida Statutes, declaring the following: (1) the limited liability company has at least two members; (2) the actual amount of cash contributions; (3) the agreed value of any property other than cash contributed; and (4) the total amount of cash or property anticipated to be contributed by the members.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6915.

Kevin Nickens
Document Specialist

Letter Number: 495A00000022

FILED

95 JAN -4 PM 1:37

ARTICLES OF ORGANIZATION OF
COMPREHENSIVE PHYSICAL THERAPY - FERNANDINA, L.C.,
A LIMITED LIABILITY COMPANY

CLERK OF STATE
TALLAHASSEE, FLORIDA

The undersigned hereby certify that we have associated ourselves together for the purpose of organizing a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. We further declare that the following Articles shall be the authority for the conduct of business of such Company.

ARTICLE I

NAME

The name of the limited liability company shall be Comprehensive Physical Therapy - Fernandina, L.C. (the "Company"), and its principal place of business shall be in Jacksonville, Duval County, Florida, but it shall have the power and authority to establish branch offices at such place or places as may be designated by the Members.

ARTICLE II

PURPOSES AND POWERS

This Company is organized to engage in any activity or business in which a limited liability company may engage under the Florida statutes, including but not by any way of limitation physical therapy and rehabilitation service.

ARTICLE III

CAPITAL CONTRIBUTIONS AND COMMITMENTS

The Company has at least two (2) members, initially. Initial capital contributions has been paid in cash to the limited liability company by the initial two (2) Members, as follows:

	<u>Contribution</u>	<u>Commitment</u>
Jacksonville Group, Inc. d/b/a	\$ 500.00 cash	50%
Comprehensive Physical Therapy	\$ 500.00 cash	50%
James Marino		

Additional contributions will be made as required, as determined by unanimous consent of the Members.

ARTICLE IV

LIMITED LIABILITY COMPANY POWERS

All of the Company's powers shall be exercised by or under the authority of, and the business and affairs of the Company shall be managed under the direction of its Members. This article may be amended from time to time in the Regulations of the Company by a unanimous vote of the Members of the limited liability company.

ARTICLE V

DURATION

The Company shall exist until December 31, 2024, or until dissolved in a manner provided by law, or as provided in the regulations adopted by the Members.

ARTICLE VI

PRINCIPAL PLACE OF BUSINESS

The principal office of the Company shall be located at 10728 Atlantic Boulevard, Jacksonville, County of Duval, State of Florida, 32225.

ARTICLE VII

MANAGEMENT

Management of the Company is reserved to its Members in accordance with applicable law and the Regulations of the Company, as may from time to time be amended. The names and addresses of the managing members are:

~~Frank A. Allen, Administrator~~

Jacksonville Group, Inc. d/b/a
Comprehensive Physical Therapy , Attn: Frank A. Allen,
10728 Atlantic Boulevard Administrator
Jacksonville, FL 32225

James Marino

108 West 1st Avenue, Suite E
Callahan, FL 32011

ARTICLE VIII

INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The address of the initial registered office of the Company is 10728 Atlantic Boulevard, Jacksonville, County of Duval, State of Florida, 32225, and the name of its initial registered agent at such address is Frank A. Allen.

ARTICLE IX

RESTRICTIONS ON MEMBERSHIP

New Members may be admitted by unanimous consent of the Members. Contributions required of new members shall be determined as of the time of admission to the Company.

A Member's interest in the Company may not be sold or otherwise transferred except with written consent of Members having a commitment interest of at least seventy-five percent (75%).

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member, or the occurrence of any other event that terminates the continued membership of a Member in the Company, the remaining Members shall have the right to continue the business upon unanimous consent of such remaining Members.

The undersigned, being the initial two (2) Members of the Company, hereby certify that the foregoing constitutes the Articles of Organization of Comprehensive Physical Therapy - Fernandina, L.C.

Executed by the undersigned at Jacksonville, Duval County, Florida, on December 30th, 1994.

[INTENTIONALLY LEFT BLANK]

Signed, sealed and delivered
in the presence of:

Michelle M. Henderson

Donna J. Keel

James L. Marino

Nichelle Springer

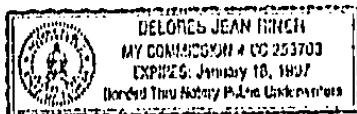
STATE OF FLORIDA
COUNTY OF DUVAL

JACKSONVILLE GROUP, INC. d/b/a
COMPREHENSIVE PHYSICAL THERAPY -
FERNANDINA, I.C.

BY Frank A. Allen (SEAL)
Frank A. Allen, Administrator

James Marino (SEAL)
James Marino

The foregoing instrument was acknowledged before me this 30 day of December, 1994, by JAMES MARINO, who is personally known to me or who has produced a Florida driver's license as identification and who did take an oath.



Delores Jean Finch
Print Name: Delores Jean Finch
Notary Public, State of Florida at Large
My Commission Expires: Jan 10, 97
My Commission No.: CC 253703

STATE OF FLORIDA
COUNTY OF DUVAL

The foregoing instrument was acknowledged before me this 30th day of December, 1994, by FRANK A. ALLEN, Administrator of JACKSONVILLE GROUP, INC., d/b/a/ COMPREHENSIVE PHYSICAL THERAPY, on behalf of the corporation. He is personally known to me or has produced a Florida driver's license as identification and did take an oath.

Tamatha L. Strassenberg
Print Name: Tamatha L. Strassenberg
Notary Public, State of Florida at Large
My Commission Expires: March 6, 1998
My Commission No.: CC352956



TAMATHA L. STRASSENBERG
My Commission CC352956
Expires Mar 06, 1998
Bonded by HAI
800-422-1555

FILED

95 JAN -4 PM 1:37

CERTIFICATE NAMING AGENT UPON WHOM
PROCESS MAY BE SERVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to Section 48.091, Florida Statutes, the following is submitted by unanimous written consent of the Members:

That Comprehensive Physical Therapy, a limited liability company duly organized and existing under the laws of the State of Florida, with its registered office being at 10728 Atlantic Boulevard, Jacksonville, County of Duval, State of Florida 32225, has named FRANK A. ALLEN, as its registered agent at such office to accept service of process within this state.

Members

Jacksonville Group, Inc. d/b/a Comprehensive
Physical Therapy

12-30-94
Date

By: Frank A. Allen
Frank A. Allen, Administrator

12-30-94
Date

James Marino
James Marino

ACCEPTANCE

Having been named as the Registered Agent of the above-stated limited liability company at the place designated in this certificate, I am familiar with and accept the obligations of that position, including but not limited to the obligation to accept service of process, keeping open said registered office and all other provisions of the Florida Statutes relative to maintenance of the Registered office and as a Registered Agent.

12-30-94
Date

Frank A. Allen
Frank A. Allen

AFFIDAVIT

FILED

95 JAN -4 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA :
COUNTY OF DUVAL :

BEFORE ME personally appeared Frank A. Allen, Administrator of Jacksonville Group, Inc. d/b/a Comprehensive Physical Therapy, and James Marino, which are both of the two Members of Comprehensive Physical Therapy - Fernandina, L.C., who, after being duly sworn, deposes and says:

1. That the Comprehensive Physical Therapy - Fernandina, L.C. has at least two Members: Jacksonville Group, Inc. d/b/a Comprehensive Physical Therapy, and James Marino.
2. That the amounts of cash initially contributed by the two (2) Members are as follows:

Jacksonville Group, Inc. d/b/a	
Comprehensive Physical Therapy	\$500.00
James Marino	\$500.00

3. That there is no other property, other than the above-stated cash contributed to the Company by the Members.
4. That additional contributions by the Members will be made as required, as determined by unanimous consent of the Members.
5. That management of the Company is reserved to the members in accordance with the Articles of Organization.

FURTHER, Affiants sayeth not.

WITNESS my hand and seal this 30th day of December, 1994.

Michelle M. Henderson
Witness

Amia A. Keel
Witness

Frank A. Allen
Frank A. Allen, Administrator
Jacksonville Group, Inc. d/b/a
Comprehensive Physical Therapy

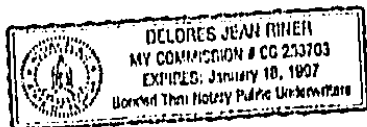
Laura L. Wynn
Witness

Mickie L. Griggs
Witness

James Marino
James Marino

STATE OF FLORIDA :
COUNTY OF DUVAL :

The foregoing instrument was acknowledged before me this 30 day of December, 1994, by James Marino, who is personally known to me and did take an oath.



Delores Jean Rinier
Print Name: Delores Jean Rinier
Notary Public, State of Florida at Large
My Commission Expires: Jan. 18, 97
My Commission No.: CC 253703

STATE OF FLORIDA :
COUNTY OF DUVAL :

The foregoing instrument was acknowledged before me this 30th day of December, 1994, by Frank A. Allen, Administrator, Jacksonville Group, Inc. d/b/a Comprehensive Physical Therapy, who is personally known to me and did take an oath.

Tamatha L. Strassenberg
Print Name: Tamatha L. Strassenberg
Notary Public, State of Florida at Large
My Commission Expires: March 6, 1998
My Commission No.: CC 352956

SGPAFFIDAV.CPT



TAMATHA L. STRASSENBERG
My Commission CC352956
Expires Mar. 06, 1998
Bonded by HAI
800-422-1555

FILE NOW: Fee after May 1, will be \$263.75

APPROVE
AND
FILE

AM 10:59

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE
\$ 238.75

Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT #L95000000003

COMPREHENSIVE PHYSICAL THERAPY - FERNANDIN
A, L.C.
10728 ATLANTIC BOULEVARD
JACKSONVILLE FL 32225

1a. Principal Place of Business Address

10728 ATLANTIC BOULEVARD
JACKSONVILLE FL 32225

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

3a. State of Formation

01/04/1995

FL

4. FEI Number

59-3338060

☒ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

SA 75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

ALLEN, FRANK A
10728 ATLANTIC BOULEVARD
JACKSONVILLE FL 32225

8. Name and Address of New Registered Agent

Name

Barnes E. Sale, III, P.T.

Street Address (P.O. Box Number is Not Acceptable)

10728 Atlantic Blvd

Suite, Apt. #, etc.

City

JAX

FL

Zip Code

32225

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations

SIGNATURE

Barnes E. Sale III

DATE

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGRM

JACKSONVILLE GROUP, INC.

PHYSICAL THERAPY, 10728 AT

JACKSONVILLE FL

MGRM

MARINO, JAMES

108 WEST 1ST AVENUE, SUITE

CALLAHAN FL

500001827385
-05/17/96--01032--013
****716.25 ****238.75

JP5/14

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address

SIGNATURE:

Barnes E. Sale III

Barnes E. Sale III

904 666-3608