

L95000000286



1116-D Thomaville Road
Mount Vernon Square
Tallahassee, Florida 32301
(904) 222-2666
(904) 222-1666 (Fax)
(800) 969-1666

GLINDA P. BENNETT
Personal Representative

7000001456447
-04/14/95 - 01022--029
++++570.00 ++++285.00

OFFICE USE ONLY

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

1. United Southern Health Group, L.C.
(Corporation Name) (Document #)
2. United Rehabilitation Network, L.C.
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

5-13 1:00
@ Glinda

☒ ~~Handwritten~~ 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

NANCY HENDRICKS APR 13 1995

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
UNITED SOUTHERN HEALTH GROUP, L.C.**

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a limited liability company under the laws of the State of Florida do set forth the following:

1. Name.

The name of the limited liability company ("Limited Liability Company") is:
UNITED SOUTHERN HEALTH GROUP, L.C.

2. Period of Duration.

The period of duration of the Limited Liability Company shall be from date of filing until the first to occur of the following:

a. Twenty (20) years from the date of filing of these Articles of Organization with the Department of State, or

b. Dissolution of the Limited Liability Company pursuant to provisions of the Florida Limited Liability Company Act.

3. Purpose.

The purpose for which the Limited Liability Company is organized is to engage in any and all businesses and activities permitted by the laws of the State of Florida, including but not limited to providing contract rehabilitation services, physical occupational and speech therapy to nursing homes, hospitals and health agencies in various states. The Limited

Liability Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. Address of Place of Business.

The address of the place of business in Florida for the Limited Liability Company is:

2151 N.E. Coachman Road
Clearwater, FL 34625

5. Registered Agent.

The name and address of the initial registered agent in Florida for the Limited Liability Company is:

Mr. Bruce Bonsel
2151 N.E. Coachman Road
Clearwater, Florida 34625

6. Capital Contributions.

The total amount of cash and a description of the agreed value of property other than cash contributed to the Limited Liability Company is as follows: One Hundred (\$100.00) Dollars in cash and no other property is being contributed to the Limited Liability Company.

7. Additional Contributions.

The total additional contributions, if any, agreed to be made by all members and the times at which, or the events of happening of which, that shall be made, are as follows: No total additional contributions have been agreed to at the date of filing of these Articles of Organization. Additional contributions, if any, will be made upon unanimous agreement by all of the members of the Limited Liability Company.

8. Additional Members.

Members may admit additional members in accordance with the regulations as set out in the Limited Liability Company operating agreement.

9. Continuity of Business.

Upon the death, retirement, resignation, expulsion, bankruptcy, dissolution of member or upon the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company, the business of the Limited Liability Company shall not be continued and the Limited Liability Company shall be dissolved unless there is obtained the consent of all the remaining members of the Limited Liability Company.

10. Management.

The Limited Liability Company is to be managed by a manager, or manager(s). The name and address of such manager who is to serve as manager until the first annual meeting of members or until their successors are elected and qualified are as follows:

Mr. Bruce Bonsel
2845 Landing Way
Palm Harbor, FL 34684

The election annually by the members of UNITED SOUTHERN HEALTH GROUP, L.C., of the manager(s) of the Limited Liability Company shall be in accordance with the regulations as set out in the Limited Liability Company operating agreement.

11. Regulations of the Company.

The power to adopt, alter, amend or repeal the regulations of the Limited Liability Company shall be vested in the manager(s) of the Company, subject to the provisions of Florida Statute 608.423.

Executed at St. Petersburg, Florida on April 10, 1995.

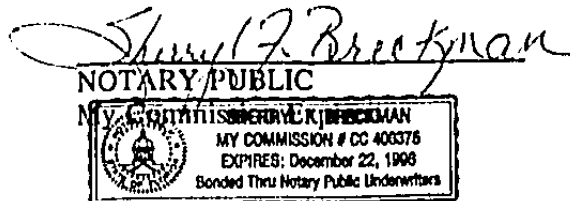
Bruce S. Bonsel
BRUCE S. BONSEL, Authorized
Representative of Members

STATE OF FLORIDA
COUNTY OF PINELLAS

BEFORE ME, the undersigned authority, personally appeared BRUCE S. BONSEL to me well known and known to be the person described in and who executed the foregoing instrument, and acknowledged to and before me that he executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal this 10th day of April, 1995.

(SEAL)




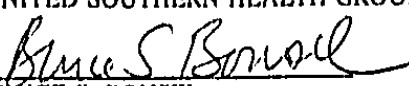
ACCEPTANCE BY REGISTERED AGENT

Having been appointed the registered agent of UNITED SOUTHERN HEALTH GROUP, L.C., the undersigned accepts such an appointment, agrees to act in such capacity and accepts

the obligations proposed by Florida Statutes Section 608.415 and is herewith simultaneously designated as registered agent by UNITED SOUTHERN HEALTH GROUP, L.C.

Executed this 10 day of April, 1995.


BRUCE S. BONSEL
Registered Agent


UNITED SOUTHERN HEALTH GROUP, L.C.:
By: 
BRUCE S. BONSEL,
General Manager

AFFIDAVIT OF AUTHORIZED
REPRESENTATIVE OF MEMBERS
BRUCE S. BONSEL
UNITED SOUTHERN HEALTH GROUP, L.C.

BEFORE ME, the undersigned authority, personally appeared BRUCE S. BONSEL, who upon being duly sworn, deposes and says as follows:

1. I am a resident of Palm Harbor, Florida, am over 21 years of age, and have personal knowledge of the facts stated in this Affidavit.
2. UNITED SOUTHERN HEALTH GROUP, L.C., a Florida limited liability company, ("Limited Liability Company") to be formed in accordance with FL. STAT. ann. § 608.401 *et seq.*
3. I will be a member of the Limited Liability Company within two months of the formation of the Limited Liability Company.
4. The Limited Liability Company will have more than 2 members upon its formation.
5. The total amount of cash and a description of the agreed value of property other than cash contributed to the Limited Liability Company is as follows: One Hundred (\$100.00) Dollars in cash and no other property is being contributed to the Limited Liability Company as of the date of this affidavit.

FURTHER AFFIANT SAYETH NOT.



BRUCE S. BONSEL, Authorized
Representative of Members

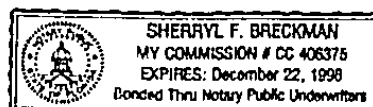
STATE OF FLORIDA)
COUNTY OF PINELLAS)

THE FOREGOING instrument was acknowledged before me this 10th day of April, 1995, by BRUCE S. BONSEL, who is personally known to me, and who did take an oath.



NOTARY PUBLIC
My Commission Expires:

(SEAL)



195000000286

Riden, Earle & Kiefner, P.A.

LAWYERS

4th Floor • North Tower
100 2nd Avenue South
St. Petersburg, Florida 33701-4336
(813) 822-6000

Fax (813) 821-3721

Board Certified
• Civil Trial Lawyer
• Workers Compensation
• Taxation

- Paul Castagliola
- Robert H. Crawford
- James T. Earle, Jr.
- Patricia R. Fay
- Benjamin Felder
- Christopher C. Ferguson
- Gary B. Frazier
- M. Deanna Harris
- Clifford J. Hunt
- Neil G. Kiefer
- John R. Kiefner, Jr.
- Timothy A. Miller
- Thomas K. Riden
- James C. Rowe
- D. Jay Snyder
- Christopher B. Young

July 12, 1995

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32301

100001547071
-07/27/95--01005--004
****250.00 ****250.00

Re: United Southern Health Group, L.C.

To Whom It May Concern:

Enclosed for filing with the Secretary of State, Division of Corporations you will find an original Affidavit of Membership Contribution for United Southern Health Group, L.C., along with our trust account check in the amount of \$250.00 as payment of the filing fee.

Please contact Laurie McCluskey or the undersigned, of our office, if you have any questions or there are any further filing requirements.

Respectfully,

RIDEN, EARLE & KIEFNER, P.A.

D. JAY SNYDER

RECEIVED
JUL 17 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enclosure

FILED
1995 JUL 17 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA)
)SS
COUNTY OF PINELLAS)

FILED

1995 JUL 17 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned Member or authorized representative of a Member of UNITED SOUTHERN HEALTH GROUP, L.C. deposes and says:

1. The above-named limited liability company has at least two members.
2. The total amount of cash contributed by the members(s) is \$200,000.00.
3. If any, the agreed value of property other than cash contributed by member(s) is \$0.00. A description of the property is attached and made a part hereto.
4. The total amount of cash or property anticipated to be contributed by member(s) is \$200,000.00. This total includes amounts from 2 and 3 above.

FURTHER AFFIANT SAYETH NAUGHT.

BY: _____

Bruce S. Bonsell

Member, Authorized Representative of
UNITED SOUTHERN HEALTH GROUP, L.C.

STATE OF FLORIDA
COUNTY OF PINELLAS

THE FOREGOING INSTRUMENT was acknowledged before me this 22nd day of June, 1995 by Bruce S. Bonsell as Member or authorized representative of a Member of UNITED SOUTHERN HEALTH GROUP, L.C., and is personally known to me or has produced _____ as identification and did take an oath.


Teresa L. Seemann

NOTARY PUBLIC, State of Florida
My Commission Expires:



2nd NOTICE:

Limited Liability Company Will Be Dissolved On Or After August 21, 1996. If Dissolved, Minimum Amount Due To Reinstale: \$738.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra D. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 283.75		Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee + \$25.00 LATE FEE Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L95000000286 UNITED SOUTHERN HEALTH GROUP, L.C. 2151-N.E. GOAGHMAN-RO. CLEARWATER-FL-34625 350-A Alternate 19 Palm Harbor, Florida 34683		1a. Principal Place of Business Address 2151-N.E. GOAGHMAN-RO. CLEARWATER-FL-34625 350-A Alternate 19 Palm Harbor, Florida 34683	
2. Principal Place of Business 350-A Alternate 19 Suite, Apt. #, etc.		3a. State of Formation FL	
2a. Mailing Address 350-A Alternate 19 Suite, Apt. #, etc.		3. Date Organized or Qualified 04/13/1995	
City & State Palm Harbor, FL		4. FET Number 59-3308180	
Zip 34683		5. Date of Last Report <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Country USA		6. Certificate of Status Desired <input checked="" type="checkbox"/> Additional Fee Required	
7. Name and Address of Current Registered Agent BONSEL, BRUCE 2151-N.E. GOAGHMAN-RO. CLEARWATER-FL-34625 350-A Alternate 19 Palm Harbor, Florida 34683		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 350-A Alternate 19 Suite, Apt. #, etc. City Palm Harbor	
Zip Code 34683		City FL	
Country USA		Zip Code 34683	
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 _____		DATE _____	
(Registered Agent Accepting Appointment) (If 311 Registered Agent signature required when registering)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	BONSEL, BRUCE	2045 LANDING WAY	PALM HARBOR FL
MGR	BONSEL, BRUCE	350-A Alternate 19	Palm Harbor, FL 34683
6000001864696 -06/18/96--01035--001 ****\$27.50 ****\$263.75 Q.A. 6-17-96			
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: <u>BRUCE S BONSEL</u> <u>Bruce S Bonzel</u> <u>6/12/96</u> <u>(813) 787-6855</u>			