

L95000000703

OFFICE USE ONLY (Document #)

ANN HILL/SMITH & THOMPSON, P.A.

(Requestor's Name)

3520 Thomasville Road, 4th Floor

(Address)

Tallahassee, Florida 32308

893-4105

(City, State, Zip)

(Phone #)

95 SEP 14 11:11:04

OFFICE USE ONLY

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

1. Comprehensive Physical Therapy - Edgewood, L.C.
(Corporation Name) (Document #)

2. (Corporation Name) (Document #) 200001586882

-09/18/95--01022--017

3. (Corporation Name) (Document #) *****87.50 *****87.50

4. (Corporation Name) (Document #)

☒ Walk in ☐ Pick up time

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

| NEW FILINGS | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input 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 |

FILING \$250.00
R. AGENT 35.00
C. COPY 52.50
TOTAL 337.50
N. BANK
BALANCE DUE
REFUND

Examiner's Initials

337 SD please call when ready.

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N. BANK _____
BALANCE DUE _____
REFUND _____

Examiner's Initials

358,1127,671
m/95-18617

RECEIVED
95 SEP -7 PM 3:30
DIVISION OF REGISTRATION



FLORIDA DEPARTMENT OF STATE
Sandra B. Morlham
Secretary of State

September 7, 1995

ANN HILL/SMITH & THOMPSON, P.A.
3520 THOMASVILLE ROAD
4TH FLOOR
TALLAHASSEE, FL 32308

SUBJECT: COMPREHENSIVE PHYSICAL THERAPY - EDGEWOOD, L.C.
Ref. Number: W95000018017

We have received your document for COMPREHENSIVE PHYSICAL THERAPY - EDGEWOOD, L.C. and check(s) totaling \$337.50. However, your check(s) and document are being returned for the following:

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) 487-6972.

Doris Brown
Document Specialist

Letter Number: 195A00041410

ARTICLES OF ORGANIZATION OF
COMPREHENSIVE PHYSICAL THERAPY - EDGEWOOD, L.C.

A LIMITED LIABILITY COMPANY

The undersigned heroby 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 - Edgewood, L.C. (the "Company"), and its principal place of business shall be 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 have 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 | | |
| Comprehensive Physical Therapy | \$500.00 cash | 50% |
| Byron C. Lee | \$500.00 cash | 50% |

No additional contributions are anticipated at this time. Additional contributions will be made as required, as determined by unanimous consent of the Members.

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95 SEP 14 11:27
SECRET
FALL 1995
STATE
10001

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:

Barnes E. Sale, III

Jacksonville Group, Inc. d/b/a
Comprehensive Physical Therapy
10728 Atlantic Boulevard
Jacksonville, FL 32225

Byron C. Lee

950 Edgewood Avenue
Jacksonville, FL 32254

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 Barnes E. Sale, III.

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 all Members.

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member, of 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 - Edgewood, L.C.

Executed by the undersigned at Jacksonville, Duval County, Florida, on September 4, 1995.

Signed, sealed and delivered
in the presence of:

JACKSONVILLE GROUP, INC. d/b/a
COMPREHENSIVE PHYSICAL THERAPY-
EDGEWOOD, L.C.

By: Barnes E. Sale, III (SEAL)
Barnes E. Sale, III

Andrea R. DeFee
Print Andrea R. DeFee

Melissa C. Davis
Print Melissa C. Davis

Andrea R. DeFee
Print Andrea R. DeFee

Melissa C. Davis
Print Melissa C. Davis

Byron C. Lee (SEAL)
Byron C. Lee

STATE OF FLORIDA
COUNTY OF DUVAL

The foregoing instrument was acknowledged before me this 4 day of September, 1995, by Barnes E. Sale, III, President of Jacksonville Group, Inc. d/b/a Comprehensive Physical Therapy, on behalf of the corporation. He is personally known to me or who has

produced a Florida driver's license as identification and who did take an oath.

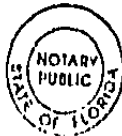


PAMELA JEAN DESSENT
My Comm Exp. 3-19-96
Bonded By Service Ins. Co.
No CC187491

Pamela Jean Dessent
Print Name: Pamela Jean Dessent
Notary Public
State of Florida At Large
Commission No.: CC187491
My Commission Expires: 3-19-96

STATE OF FLORIDA
COUNTY OF DUVAL

The foregoing instrument was acknowledged before me this ____ day of September, 1995, by Byron C. Lee, who is personally known to me or who has produced a Florida driver's license as identification and who did take an oath.



PAMELA JEAN DESSENT
My Comm Exp. 3-19-96
Bonded By Service Ins. Co.
No CC187491

Pamela Jean Dessent
Print Name: Pamela Jean Dessent
Notary Public
State of Florida At Large
Commission No.: CC187491
My Commission Expires: 3-19-96

AFFIDAVIT

STATE OF FLORIDA :
COUNTY OF DUVAL :

BEFORE ME personally appeared BARNES E. SALE, III, PRESIDENT of Jacksonville Group, Inc. d/b/a Comprehensive Physical Therapy, and BYRON C. LEE, which are both of the two Members of Comprehensive Physical Therapy - Edgewood, L.C., who, after being duly sworn, deposes and says:

1. That the Comprehensive Physical Therapy - Edgewood, L.C. has at least two Members: Jacksonville Group, Inc. d/b/a Comprehensive Physical Therapy, and Byron C. Lee.
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 |
| Byron C. Lee | \$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 13th day of September, 1995.

Marah Clark
Witness
Anda Karcon
Witness

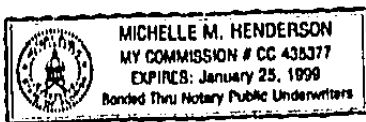
Barnes E. Sale, III
Barnes E. Sale, III, President
Jacksonville Group, Inc. d/b/a
Comprehensive Physical Therapy

Carol L. Wright
WITNESS
Susan H. Rodgers
WITNESS

Byron C. Lee
Byron C. Lee

STATE OF FLORIDA :
COUNTY OF DUVAL :

The foregoing instrument was acknowledged before me this 12th day of September, 1995, by Barnes E. Salo, III, President, Jacksonville Group, Inc. d/b/a Comprehensive Physical Therapy, who is personally known to me and did take an oath.



Michelle M. Henderson
Print Name: Michelle M. Henderson
Notary Public, State of Florida at
Large
My Commission Expires: 1/25/99
My Commission No.: # CC 435377

STATE OF FLORIDA :
COUNTY OF DUVAL :

The foregoing instrument was acknowledged before me this 13th day of September, 1995, by Byron C. Lee, who is personally known to me and did take an oath.



Michelle M. Henderson
Print Name: Michelle M. Henderson
Notary Public, State of Florida at
Large
My Commission Expires: 1/25/99
My Commission No.: # CC 435377

69916.1

**CERTIFICATE NAMING AGENT UPON WHOM
PROCESS MAY BE SERVED**

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

That Comprehensive Physical Therapy - Edgewood, L.C., 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 Barnes E. Sale 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

September 6, 1995
Date

By: Barnes E. Sale, III
Barnes E. Sale, III,
President

September 6, 1995
Date

By: Byron C. Lee
Byron C. Lee

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.

September 6, 1995
Date

By: Barnes E. Sale, III
Barnes E. Sale, III

FILED
95 SEP 14 PM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

| LIMITED LIABILITY COMPANY ANNUAL REPORT 1996 | |  FLORIDA DEPARTMENT OF STATE Tansha H. Murrain 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 #L95000000703 COMPREHENSIVE PHYSICAL THERAPY - EDGEWOOD, L.C. 10728 ATLANTIC BOULEVARD JACKSONVILLE FL 32225 | | 1a. Principal Place of Business Address 10728 ATLANTIC BOULEVARD JACKSONVILLE FL 32225 | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | | 3. Date Organized or Qualified 09/14/1995 3a. State of Formation FL 4. FET Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 6. Certificate of Status Desired <input checked="" type="checkbox"/> No Additional Fee Required | |
| 2a. Mailing Address Suite, Apt. #, etc. City & State Zip | | 7. Name and Address of Current Registered Agent SALE, BARNES E III 10728 ATLANTIC BOULEVARD JACKSONVILLE FL 32225 | |
| 7. Name and Address of Current Registered Agent SALE, BARNES E III 10728 ATLANTIC BOULEVARD JACKSONVILLE FL 32225 | | 8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8000001827338 05/17/96 01092-013 Suite, Apt. #, etc. +++716.25 +++238.75 City FL Zip Code | |
| 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 obligation. SIGNATURE <u><i>Barnes E. Sale III</i></u> DATE _____ (If Registered Agent Accepts Appointment) (If Not, Registered Agent Signature Required when re-registering) | | | |
| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
| MEM | COMPREHENSIVE PHYSIC, | 10728 ATLANTIC BOULEVARD | JACKSONVILLE FL |
| MEM | LEE, BYRON C | 10728 ATLANTIC BOULEVARD | JACKSONVILLE FL |
| MGRM | SALE, BARNES E III | 10728 ATLANTIC BOULEVARD | JACKSONVILLE FL |
| MGRM | LEE, BYRON C | 950 EDGEWOOD AVENUE | JACKSONVILLE FL |
| 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><i>Barnes E. Sale III</i></u> 4/19/96 904 646-3647 SIGNATURE WHEN THE FILING IS PREPARED BY ANOTHER PERSON (S) (S) SIGNATURE WHEN THE FILING IS PREPARED BY ANOTHER PERSON (S) (S) SIGNATURE WHEN THE FILING IS PREPARED BY ANOTHER PERSON (S) (S) SIGNATURE WHEN THE FILING IS PREPARED BY ANOTHER PERSON (S) (S) | | | |