

Division of Corporations

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Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850) 922-4003

From:

Account Name : KIRK PINKERTON, A PROFESSIONAL ASSOCIATION
Account Number : 071670002600
Phone : (941) 364-2409
Fax Number : (941) 364-2490

LIMITED LIABILITY COMPANY

Allied Healthcare Professionals Rehab, L.L.C.

Certificate of Status	0
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FAX AUDIT # H99-7971

ARTICLES OF ORGANIZATION
OF
ALLIED HEALTHCARE PROFESSIONALS REHAB. L.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 does set forth the following:

ARTICLE I-NAME

The name of the Company is Allied Healthcare Professionals Rehab, L.L.C.

ARTICLE II-DURATION

The duration of the Company is perpetual.

ARTICLE III-ADDRESS AND PLACE OF BUSINESS

The mailing address and street address of the principal place of the principal office of the Company in Florida is:

5124 Calle Minorga
Sarasota, Florida 34242

ARTICLE IV-PURPOSE

The purpose for which the Company is organized is to engage in any and all businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

Prepared by: David M. Silberstein, Esq.
Kirk Pinkerton
720 South Orange Avenue
Sarasota, Florida 34236
(941) 364-2481
Atty Bar #0436879

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ARTICLE V-NAME AND STREET ADDRESS OF REGISTERED AGENT

The name and address of the initial registered agent in Florida for the Company is as follows:

David M. Silberstein
720 South Orange Avenue
Sarasota, Florida 34236

ARTICLE VI-ADDITIONAL CONTRIBUTIONS

Additional contributions of the Members, if any, will be made upon unanimous agreement of all of the Members of the Company.

ARTICLE VII - ADDITIONAL MEMBERS

Additional Members may be admitted upon unanimous agreement of the then existing Members. Any additional Members shall execute a copy of the Regulations, agreeing to be bound by its terms, prior to becoming an additional Member.

ARTICLE VIII - MEMBERS

The Company shall have such Members as may be admitted from time to time in accordance with these Articles of Organization and the Regulations of the Company.

ARTICLE IX - MANAGEMENT

The Company is to be managed by a manager or managers as provided in the Regulations. The name and address of such manager, who will serve as manager until the first annual meeting of Members or until its successor or successors are elected and qualified, is as follows:

Allied Healthcare Professionals, Inc., 5124 Calle Minorga
a Florida corporation Sarasota, Florida 34242

ARTICLE X- INDEMNIFICATION

The Company shall indemnify each managing Member, manager and officer to the fullest extent permitted by Section 608.4363, Florida Statutes.

ARTICLE XI - COMMENCEMENT OF EXISTENCE

In accordance with Section 608.409, Florida Statutes, the date when existence of the Company shall commence is the date of subscription and acknowledgment of these Articles of

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Organization. In the event these Articles of Organization are not filed within the time period set forth in Section 608.409, Florida Statutes, the date when existence of the Company shall commence is the date of filing by the Secretary of State.

Under penalties of perjury I declare that I have read the foregoing Articles of Organization and that the facts alleged are true, to the best of my knowledge and belief.

Dated: March 22, 1999


ROBERT BUCKHANNON, as sole Member

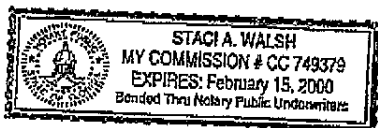
STATE OF FLORIDA)
)
COUNTY OF SARASOTA)

I HEREBY CERTIFY that on this day before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared ROBERT BUCKHANNON, as Member of ALLIED HEALTHCARE PROFESSIONALS REHAB, L.L.C., a Florida limited liability company (notary choose one) ☒ who is personally known to me or ☐ who has produced _____ as identification and who executed the foregoing Articles of Organization, and he acknowledged before me that he executed the same for the purposes therein expressed.

WITNESS my hand and official seal this 22 day of March, 1999.

Staci A. Walsh
NOTARY PUBLIC

Staci A. Walsh
Print Name of Notary Public And Affix Seal
2/15/00
My Commission Expires:



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ACCEPTANCE BY REGISTERED AGENT

I, the undersigned appointed registered agent of ALLIED HEALTHCARE PROFESSIONALS REHAB, L.L.C., being familiar with the obligations of such position, hereby accept such appointment, agree to act in such capacity and accept the obligations proposed by Section 608.415, Florida Statutes.

DATED this 5 day of April, 1999.



DAVID M. SILBERSTEIN, Registered Agent

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS

STATE OF FLORIDA

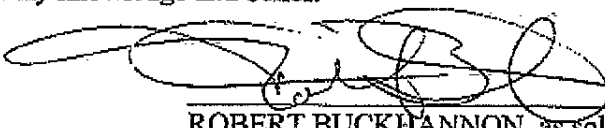
COUNTY OF SARASOTA

BEFORE ME, the undersigned authority, duly authorized to administer oaths and take acknowledgments as a Notary Public in the above state, personally appeared this 22 day of March, 1999, ROBERT BUCKHANNON, as the sole Member of ALLIED HEALTHCARE PROFESSIONALS REHAB, L.L.C., a Florida limited liability company ("Company"), (NOTARY CHOOSE ONE) ☒ who is personally known to me or ☐ who produced _____ as identification, and having been duly sworn, deposes and says as follows:

1. The Company has at least one Member.
2. The amount of cash capital contributions to date of the Member is \$ 5,000.00.
3. The Member has contributed no other property to the Company.
4. The total amount of cash and property anticipated to be contributed by Members is \$ 5,000.00. This total includes amounts from items 2 and 3 above.

FURTHER AFFIANT SAITH NOT.

Under the penalties of perjury I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.


ROBERT BUCKHANNON, as sole MemberStaci A. Walsh

Signature of Notary Public

Staci A. WalshPrint Name of Notary Public and Affix Seal
My Commission Expires:

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