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August 26, 1999

Secretary of State
P. O. Box 5588
Tallahassee, FL 32314

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***426.25 ***346.25

w99-20225

In re: A.C.G. Therapy Center, LLC
File #99-378.2

Please find the executed documents to form the above referenced LLC and a check for \$426.25 for the fees: certified copy \$52.50, filing fee \$250, Registered Agent fee \$35 and Supplemental Corporate fee \$88.75.

Please file this as soon as possible and return the appropriate copies to our office.

If you have any questions, please feel free to contact our office.

Sincerely yours,



Kathy Prevatt
Legal Assistant to
James D. Salter

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DIVISION OF STATE RECORDS
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enclosures

ARTICLES OF ORGANIZATION

The undersigned, being a duly authorized member, desiring to form a limited liability company under the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, does hereby adopt the following Articles of Organization:

ARTICLE I: NAME

The name of the limited liability company is **A.C.G. THERAPY CENTER, LLC**, (the "Company").

ARTICLE II: ADDRESS

The Company's mailing address and street address of the principal office of the Company is 1330 N.W. 6th Street, Suite A, Gainesville, FL 32601.

ARTICLE III: DURATION

The period of the Company's duration shall be perpetual, unless terminated in accordance with the Company's regulations.

ARTICLE IV: PURPOSE

The purpose for which the Company is being formed is to engage in any activity or business permitted under the laws of the United States and the State of Florida.

ARTICLE V: REGISTERED OFFICE AND AGENT

The Company designates 1330 NW 6th Street, Suite A, Gainesville, FL 32601, as the street address of the initial registered office of the Company and names **CAROLYN NIEDERKOHR**, the Company's initial registered agent at that address to accept service of process within this state.

ARTICLE VI: ADDITIONAL MEMBERS

Additional Members may be admitted upon the approval of all of the Members of the Company.

ARTICLE VII: MEMBERS RIGHTS TO CONTINUE BUSINESS

The right, if given, of the remaining members of the Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the

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CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF GAINESVILLE

occurrence of any other event that terminates the continued membership of a member in the Company will be as provided in the Regulations of the Company.

ARTICLE VIII: MANAGEMENT

The Company will be conducted, carried on, and managed by its Members whose names and addresses are:

Carolyn Niederkohr 1330 NW 6th Street, Ste A, Gainesville, FL 32601
Maryanjanette Bryce Travis 1330 NW 6th Street, Ste A, Gainesville, FL 32601
Gail Eichelberger-Hucker 1330 NW 6th Street, Ste A, Gainesville, FL 32601.

ARTICLE IX: REGULATIONS

The Power to adopt, alter, amend, or repeal the Regulations of the Company will be vested in the members of the Company.

Dated this 31st day of August, 1999.

Carolyn Niederkohr
CAROLYN NIEDERKOHHR

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AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned, CAROLYN NIEDERKOHR, a member of A.C.G. THERAPY CENTER, LLC, deposes and says:

1. She is a member of A.C.G. THERAPY CENTER, LLC, a Florida limited liability company (the "Company");
2. The Company has three initial members; and
3. The total amount of cash contributed by the members is \$9,000.00.

Carolyn Niederkohr
CAROLYN NIEDERKOHR

STATE OF FLORIDA
COUNTY OF ALACHUA

The foregoing instrument was acknowledged before me this 31st day of August, 1999 by CAROLYN NIEDERKOHR, a member of A.C.G. THERAPY CENTER, LLC, a Florida limited liability company.

- is/are personally known to me.
 has produced a current Florida Driver's License as identification.
 has produced _____ as identification.

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Katherine E. Prevatt
MY COMMISSION # CC542700 EXPIRES
July 7, 2000
BONDED THRU TROY FAIN INSURANCE, INC.



Katherine E. Prevatt
MY COMMISSION # CC542700 EXPIRES
July 7, 2000
BONDED THRU TROY FAIN INSURANCE, INC.

Katherine E. Prevatt

Notary Public, State of Florida
My Commission Expires:
Stamp:

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is A.C.G. THERAPY CENTER, LLC.
2. The name and address of the registered agent and office is CAROLYN NIEDERKOHR, 1330 NW 6th Street, Suite A, Gainesville, FL 32601.

Dated this 31st day of August, 1999.

Carolyn Niederkohr
CAROLYN NIEDERKOHR

Having been named to accept service of process for the limited liability company named above, at the place designated in this certificate, I hereby agree to the appointment as registered agent and agree to act in that 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 agent.

Carolyn Niederkohr
CAROLYN NIEDERKOHR, Registered Agent

8/31/99
Date

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