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08259

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-2870 • 1-800-242-8062 • Fax (850) 222-1222

Advanced Injury Medical
Rehab Center, L.L.C.

000003056520--4
-11/30/99--01027--001
****160.00 ****160.00

Art of Inc. File _____
LTD Partnership File _____
Foreign Corp. File _____
✓ L.C. File Cert. & Cert. of status
Fictitious Name File _____
Trade/Service Mark _____
Merger File _____
Art. of Amend. File _____
RA Resignation _____
Dissolution / Withdrawal _____
Annual Report / Reinstatement _____
✓ Cert. Copy _____
Photo Copy _____
Certificate of Good Standing _____
✓ Certificate of Status _____
Certificate of Fictitious Name _____
Corp Record Search _____
Officer Search _____
Fictitious Search _____
Fictitious Owner Search _____
Vehicle Search _____
Driving Record _____
UCC 1 or 3 File _____
UCC 11 Search _____
UCC 11 Retrieval _____
Courier _____

FILED
99 NOV 30 PM 3:13
RECEIVED
99 NOV 30 AM 11:03
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Signature _____

Requested by:

LM 11/30 10:25am

Name

Date

Time

Walk-In _____

Will Pick Up _____

**ARTICLES OF ORGANIZATION
OF
ADVANCED INJURY MEDICAL REHAB CENTER, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I - NAME:

The name of the limited liability company shall be:

ADVANCED INJURY MEDICAL REHAB CENTER, LLC ("company")

ARTICLE II - ADDRESS:

The mailing address and street address of the principal office of the company shall be:

4770 U.S. 19
New Port Richey, Florida 34652

ARTICLE III - REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the company in the state of Florida is:

Peter A. Napolitano, Esq.
7617 Little Road
New Port Richey, Florida 34654

Having been named as the registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this 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 as provided for in Chapter 608, F.S.



Peter A. Napolitano, Esq.
Registered Agent

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STATE
TALLAHASSEE
FLORIDA

FILED

ARTICLE IV - MANAGEMENT(Check box if applicable.)

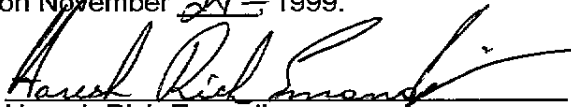
☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

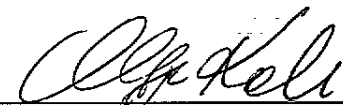
Typed or printed name of signee

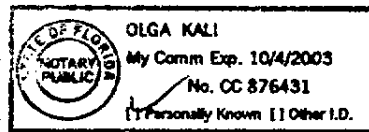
IN WITNESS WHEREOF, the undersigned organizer has made and subscribed these articles of organization at New Port Richey, Florida, on November 24th 1999.


Haresh Rich Emandi
Member

STATE OF FLORIDA
COUNTY OF Pasco

Sworn to and subscribed before me this 24th day of November, 1999,
by Haresh Rich Emandi


Notary Public -- State of Florida
Personally Known X
(Seal)



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99 NOV 30 PM 3:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA