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Bradenton of 34208

City/State/Zip

Office Use Only

CORPORATION NAM	IE(S) & DOCUMENT NU	MBER(S), (if known):
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OTHER FILINGS.	REGISTRATION	

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Annual Report
Fictitious Name
Name Reservation

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
Reinstatement
Trademark
Other

Examiner's Initials	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

,	POSitive Care Rehabilitation Therapies, LLC (Name of foreign limited liability company)
· •	Nevada 3. 88-0449244
Ç	Surisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
,	28 January 2000
•	28 January 2000 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to
	exist or "perpetual")
	01/02/2000
•	(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)
• ,	711 S. Carson Street, Carson City, Nevada
•	(Street address of principal office)
	If limited liability company is a manager-managed company, check here \(\overline{\text{X}} \)
	The years by since addresses of the monoring members or monoring as follows:
• 1	The usual business addresses of the managing members or managers are as follows:
	POSitive Therapy Florida address c/o: 502 Fifth Avenue Drive East, Bradenton, Florida
	77 5
	s
	-
ì	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of reco
	urisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
•	slation of the certificate under oath of the translator must be submitted.)
	Nature of business or purposes to be conducted or promoted in Florida:
	Nature of business or purposes to be conducted or promoted in Florida: Physical, Occupational, and Speech Rehabilitation Therapy
	Physical, Occupational, and Speech Rehabilitation Therapy
	Physical, Occupational, and Speech Rehabilitation Therapy Across W. Milonald, Signatory for POSitive Therapy, Manager/Member
	Physical, Occupational, and Speech Rehabilitation Therapy
	Physical, Occupational, and Speech Rehabilitation Therapy Muna W. Milonald, Signatory for POSitive Therapy, Manager/Member

Typed or printed name of signee

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 SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

т.	THE HAIRE OF the Publicat Pageints.	Company 13.

2. The name and the Florida street address of the registered agent and office are:

nome of the Limited Lightlity Company is-

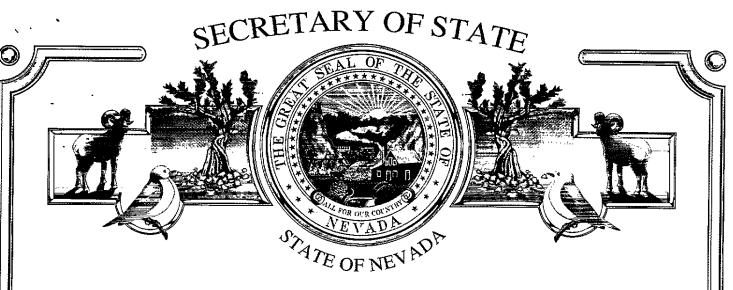
POSitive Care Rehabilitation Therapies, LLC

(Name)		T SEC	01 J	
Drive East		AHASSI	8- NA	TIL
address (P.O. Box No	OT ACCEPTABLE)	E FLOR	1 :6 HW	
FL	34208	AIDA	យ	
	address (P.O. Box <u>N</u> o	Drive East address (P.O. Box NOT ACCEPTABLE)	Drive East AHASSETANCE AHASSE	Drive East address (P.O. Box NOT ACCEPTABLE) 24208

Having been named as 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..

Derma w Milonald (Signature)

\$]	100.00	Filing Fee for Application
\$	25.00	Designation of Registered Agent
\$	30.00	Certified Copy (optional)
\$	5.00	Certificate of Status (optional)



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **POSITIVE CARE REHABILITATION THERAPIES LLC**, as a limited-liability company duly organized under_the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since January 28, 2000, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on December 6, 2000.

Secretary of State

Certification Clerk

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SECRETARY SESTATE