

# MO2000000667

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Board Certified Tax Attorney

March 6, 2002

500005081985--8  
-03/12/02--01005--005  
\*\*\*\*\*135.00 \*\*\*\*\*135.00

Registration Section  
Division of Corporations  
409 E. Gains Street  
Tallahassee, FL 32399

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-03/12/02--01005--006  
\*\*\*\*\*25.00 \*\*\*\*\*25.00

RE: Total Care Physical & Massage Therapy Network, P.L.L.C.

Dear Sir or Madam:


Enclosed you will find an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for the company known as Total Care Physical & Massage Therapy Network, P.L.L.C., together with an original Certificate of Status from the State of New York and Certificate of Designation of Registered Agent/Registered Office attached thereto. Also enclosed is our law firm's check in the amount of \$160.00 representing your fee to file the Application; designate a Registered Agent in the State of Florida; provide a certified copy and a Certificate of Status.

Please send your letter acknowledging the company now is duly authorized to transact business in the State of Florida, the certified copy and a Certificate of Status to me in the preaddressed stamped envelope enclosed for this purpose.

If you have questions, please feel free to call me. Otherwise, your kind attention to this matter is appreciated.

Very truly yours,

TREISER, LIEBERFARB, COLLINS AND VERNON, CHTD.

  
Thomas A. Collins, II  
For The Firm  
e-mail: tcollins@swflalaw.com  
Enclosure

FILED  
02 MAR 11 PM 3 54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

1. Total Care Physical & Massage Therapy Network, P.L.L.C.  
(Name of foreign limited liability company)
2. New York  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 11-3475089  
(FEI number, if applicable)
4. February 4, 1999  
(Date of Organization)
5. December 31, 2043  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. April 1, 2002  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 4996 22nd Place  
Naples, Florida 34116  
(Street address of principal office)


8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:

<u>Nancy Passarelli</u>	<u>Tina Warner</u>
<u>Six Summer Lane</u>	<u>Six Summer Lane</u>
<u>Hicksville, NY 11801</u>	<u>Hicksville, NY 11801</u>

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: to facilitate physical therapy and medical massage as covered services in the State of Florida.

  
Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Tina Warner, Member

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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.

1. The name of the Limited Liability Company is:

Total Care Physical & Massage Therapy Network, P.L.L.C.

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

Thomas A. Collins, II, Esquire  
Treiser, Lieberfarb, Collins & Vernon, Chtd.

(Name)

4001 Tamiami Trail North, Suite 330

Florida street address (P.O. Box NOT ACCEPTABLE)

Naples, FL 34103

(City/State/Zip)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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.*

TA Collins #

(Signature)

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

**State of New York** } ss:  
**Department of State**

I hereby certify, that TOTAL CARE PHYSICAL & MASSAGE THERAPY NETWORK, P.L.L.C. a NEW YORK Professional Service Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 02/04/1999, and that Professional Service Limited Liability Company is subsisting so far as shown by the records of the Department.

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*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 27th day of December  
two thousand and one.*



*Special Deputy Secretary of State*

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