M02000002135

CORPORATION

CORPORATION(S) NAME

Advance Physical Therapy Network, LLC

M 02-2135

000007119110--0
-08/15/02--01002--002
****125.00 ****125.00

( ) Profit ( ) Nonprofit	( ) Amendment	( ) Merger
(X) Foreign	( ) Dissolution/Withdrawal ( ) Reinstatement	( ) Mark
( ) Limited Partnership (X) LLC	( ) Annual Report ( ) Name Registration ( ) Fictitious Name	( ) Other ( ) Change of RA ( ) UCC
( ) Certified Copy	( ) Photocopies	( ) CUS
( ) Call When Ready (x) Walk In ( ) Mail Out	( ) Call If Problem ( ) Will Wait	( ) After 4:30 (x) Pick Up

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Name Availability _____
Document
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

8/14/02

AAM

Order#: 5514769

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Amount: $_____

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DIVISION OF CORPORATIONS

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

Up

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:

1. Advance Physical Therapy Network, LLC
(Name of foreign limited liability company)

2. Texas
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-0555692
(FEI number, if applicable)

4. 07/18/2002
(Date of Organization)

5. perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")

6. 07/18/2002
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)

7. 2500 City West Blvd., Suite 1150, Houston, TX 77042
(Street address of principal office)

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8. If limited liability company is a manager-managed company, check here [x]

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

Harry Chapman, 2500 City West Blvd., Suite 1150, Houston, TX 77042

John J. Micale, 2500 City West Blvd., Suite 1150, Houston, TX 77042

Howard Gruverman, 200 East Broward Blvd., Suite 1125, Ft. Lauderdale, FL 33301

Rafael Canelo, 200 East Broward Blvd., Suite 1125, Ft. Lauderdale, FL 33301

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:

any and all lawful purposes

John Micale

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.)

John J. Micale

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.

1. The name of the Limited Liability Company is:

Advance Physical Therapy Network, LLC

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

C T Corporation System
(Name)

c/o C T Corporation System, 1200 South Pine Island Road
Florida street address (P.O. Box NOT ACCEPTABLE)

Plantation **FL** 33324
City/State/Zip

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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..

C T Corporation System

By: Howard L. Volz
(Signature)

Howard L. Volz
Asst. Secretary

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

FL054 - 1/24/02 C T Filing Manager Online

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

Gwyn Shea
Secretary of State

Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Organization for ADVANCE PHYSICAL THERAPY NETWORK, LLC (filing number: 800105136), a Domestic Limited Liability Company (LLC), was filed in this office on July 18, 2002.

It is further certified that the entity status in Texas is active.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on July 31, 2002.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JUL 24 PM 1:05

Gwyn Shea
Secretary of State