M0500000 3959

(Re	equestor's Name)
(Ac	ldress)	
	,	
(Address)		
		15
(Ci	ty/State/Zip/Phor	ne #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Na	ime)
	cument Number	r)
,		•
Certified Copies Certificates of Status		es of Status
Special Instructions to	Filing Officer:)
	/	
		//
	Ž	
//		
V		





500057502655







ACCOUNT NO. : 072100000032

REFERENCE: 488553

STEAR OF TO 4729621

AUTHORIZATION :

COST LIMIT :

ORDER DATE : July 18, 2005

ORDER TIME : 12:13 PM

ORDER NO. : 488553-005

CUSTOMER NO: 4729621

CUSTOMER: Alan Boockvar, Esq

Alan Boockvar Esq 120 Front Street

Mineola, NY 11501

FOREIGN FILINGS

NAME: SANDS POINT MEDICAL REHAB, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX____ CERTIFIED COPY

CONTACT PERSON: Norma Hull -- EXT# 2915

EXAMINER: ____



APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION AT 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:

·	Point Medical Rehab, L	reign Limited Liab	ility Company)
	(Name of Fo	reign Limited Liat	inty Company)
New Yor	rk	3.	20–2337489
(Jurisdiction company is o	under the law of which foreign lin	nited liability	(FEI number, if applicable)
Fe	ebruary 7, 2005	5	perpetual
*	(Date of Organization)	<u>~~~~</u>	(Duration: Year limited liability company will cease to exist or "perpetual")
	upon registration (Date first transacted (See sections 608.501	business in Florid & 608.502 F.S. to	a, if prior to registration.) determine penalty liability)
83 Sand	ds Point Road		
Port Was		050	
	(Street Address of 1	Principal Office)
If limited	liability company is a manag	ger-managed co	mpany, check here
The name	and usual business addresse	s of the managi	ng members or managers are as follows:
_Randol _l	ph Rosarion, M.D.		· · · · · · · · · · · · · · · · · · ·
83 Sano	ds Point Road, Port Wa	shington, Ne	ew York 11050
ejurisdiction t		d. (A photocopy is	sold, duly authenticated by the official having custody of recorn not acceptable. If the certificate is in a foreign language, a xd.)
. Nature o	f business or purposes to be	conducted or pr	omoted in Florida: <u>practice of medicine</u>
			rized representative of a member.
	an affirmation under the		the execution of this document constitutes that the facts stated herein are true.)
			•

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.

	f the Limited Liability Company is: nt Medical Rehab, LLC
2. The name a	nd the Florida street address of the registered agent and office are:
	Corporation Service Company
	(Name)
	1201 Hays Street Florida Street Address (P.O. Box NOT ACCEPTABLE)
	Tallahassee FL 32301 City/State/Zip

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, Florida Statutes.

Corporation Service Company

By: Aawa C. D. Laura R. Dunlap

(Signature)

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 Department of State } ss:

I hereby certify, that SANDS POINT MEDICAL REHAB, LLC a NEW YORK Professional Service Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 02/07/2005, and that Professional Service Limited Liability Company is existing so far as shown by the records of the Department.



Witness my hand and the official seal of the Department of State at the City of Albany, this 15th day of July two thousand and five.

Secretary of State

200507180262 * 45