

M12000004595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

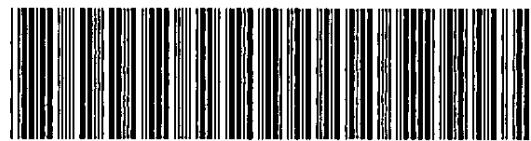
Special Instructions to Filing Officer:

1543.75 (2000) penalty fees

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07/24/12--01021--014 \*\*160.00

08/14/12--01021--006 \*\*1543.75

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Functional Pathways****COVER LETTER**

**TO:** Registration Section  
Division of Corporations

614 Mabry Hood Road, Suite #301  
Knoxville, TN 37932  
**Phone:** 888-531-2204  
**Fax:** 888-531-2697  
[www.functionalpathways.com](http://www.functionalpathways.com)

**SUBJECT: Functional Pathways of TN, LLC**

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Joseph E. Randolph

Name of Person

Functional Pathways of TN, LLC

Firm/Company

614 Mabry Hood Road, Suite 301

Address

Knoxville, TN 37932

City/State and Zip Code

jrandolph@fprehab.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph E. Randolph

Name of Person

at (865) 474-8405

Area Code & Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee &  
Certificate of Status

\$155.00 Filing Fee &  
Certified Copy

\$160.00 Filing Fee,  
of Status & Certified Copy



**FLORIDA DEPARTMENT OF STATE**  
Division of Corporations

July 25, 2012

JOSEPH E. RANDOLPH  
614 MABRY HOOD ROAD, STE. 301  
KNOXVILLE, TN 37932

**SUBJECT: FUNCTIONAL PATHWAYS OF TN, LLC**  
Ref. Number: W12000039355

We have received your document for FUNCTIONAL PATHWAYS OF TN, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 012A00019644

**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 TRANACT BUSINESS IN THE STATE OF FLORIDA:*

## 1. Functional Pathways of TN, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

## Functional Pathways of Tennessee

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

## 2 Tennessee

3 62-1632255

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

(FEI number, if applicable)

4 3/11/1996

(Date of Organization)

## 5 Perpetual

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

6 June 1, 2000

(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 614 Mabry Hood Road, Suite 301

Knoxville, TN 37932

(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:

MGMR, Daniel Knorr, 614 Mabry Hood Road, Suite 301, Knoxville, TN 37922

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: Provide physical, speech, and occupational therapy and consultation.

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

**Joseph E. Randolph, Controller**

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:

Functional Pathways of TN, LLC.

If unavailable, the alternate to be used in the state of Florida is:

Functional Pathways of Tennessee

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

CT Corporation System

(Name)

1200 South Pine Island Road

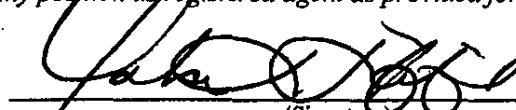
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plantation

FL 33324

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.*

  
(Signature)

**Nathan S. Giffin 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)



STATE OF TENNESSEE  
Tre Hargett, Secretary of State  
Division of Business Services  
William R. Snodgrass Tower  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

JOSEPH RANDOLPH  
STE 301  
614 MABRY HOOD ROAD  
KNOXVILLE, TN 37923

July 23, 2012

Request Type: Certificate of Existence/Authorization  
Request #: 0071824

Issuance Date: 07/23/2012  
Copies Requested: 1

Document Receipt

Receipt #: 796352	Filing Fee: \$22.25
Payment-Credit Card - TennesseeAnytime Online Payment #: 146307737	\$22.25

Regarding:	FUNCTIONAL PATHWAYS OF TENNESSEE, LLC
Filing Type:	Limited Liability Company - Domestic
Formation/Qualification Date:	03/11/1996
Status:	Active
Duration Term:	Perpetual
Business County:	KNOX COUNTY
Control #:	308751
Date Formed:	03/11/1996
Formation Locale:	TENNESSEE
Inactive Date:	

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

FUNCTIONAL PATHWAYS OF TENNESSEE, LLC

- \* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- \* has filed the most recent corporation annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

A handwritten signature in black ink that reads "Tre Hargett".

Tre Hargett  
Secretary of State

Processed By: Cert Web User

Verification #: 001323924