

4/3/2017

Division of Corporations

**Florida Department of State
Division of Corporations
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Account Name : BUSINESS FILINGS
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**Foreign Limited Liability Company
Physicians Rehab Solution, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Physicians Rehab Solution, LLC

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

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited
Liability Company," "L.L.C.," or "LLC.")

2. Tennessee

3. 45-3138736

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

(FEI number, if applicable)

4. Upon Filing

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 760 Campbell Lane Suite 106 - 169, Bowling Green, Kentucky 42104

(Street Address of Principal Office)

6. 760 Campbell Lane Suite 106 - 169, Bowling Green, Kentucky 42104

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

, Florida 33324

(City)

(Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and
accept the obligations of my position as registered agent.

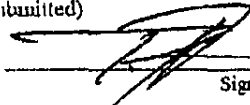
(Registered agent's signature) Mark Williams, A.V.P., C T Corporation System

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Member: Tom Pennington, 760 Campbell Lane Suite 106 - 169, Bowling Green, Kentucky 42104

Member: Philip Clements, 760 Campbell Lane Suite 106 - 169, Bowling Green, Kentucky 42104

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath
-
- of the translator must be submitted)



Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.817.153, F.S.

Tom Pennington, Member

Typed or printed name of signer

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SECRETARY OF STATE
TREASURY OF FLORIDA



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

MARK WILLIAMS
STE 200
8020 EXCELSIOR DR.
MADISON, WI 53717

April 3, 2017

Request Type: Certificate of Existence/Authorization
Request #: 0233709

Issuance Date: 04/03/2017
Copies Requested: 1

Document Receipt

Receipt #: 003293550

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3698806776

\$20.00

Regarding: Physicians Rehab Solution, LLC
Filing Type: Limited Liability Company - Domestic
Formation/Qualification Date: 08/31/2011
Status: Active
Duration Term: Perpetual
Business County:

Control #: 666556
Date Formed: 08/31/2011
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

Physicians Rehab Solution, 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 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.

Tre Hargett
Secretary of State

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