

197000000475

Requestor's Name
688 East Jefferson Street

Address
Tallahassee, Florida 32301

City State Zip Phone

CORPORATION(S) NAME

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 AUG - 1 PM 3:53

Intercontinental Rehabilitation, LLC

300002259509

-08/06/97--01070--003

****232.50 ****232.50

- | | | |
|---|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | | |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of R.A. |
| <input type="checkbox"/> Limited Liability Partnership | | <input type="checkbox"/> Fictitious Name |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name
Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.F. Verifier

CR2E031 (1-89)

PLEASE RETURN EXTRA COPY(S)
FILE STAMPED

Thanks,
Melanie

300002259509-5

-08/06/97--01070--004

****52.50 ****52.50

8-1-97

J. TAX	_____
FILING	_____ 250
R. AGENT FEE	_____ 35
C. COPY	_____
TOTAL	_____ 285
N. BANK	_____
BALANCE DUE	_____
REFUND	_____

8/1/97
34



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

August 1, 1997

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 AUG - 1 PM 3:53

From: C T CORPORATION SYSTEM
TALLAHASSEE, FL

SUBJECT: INTERCOASTAL REHABILITATION, LLC
Ref. Number: W97000017804

We have received your document for INTERCOASTAL REHABILITATION, LLC and check(s) totaling \$285.00. However, your check(s) and document are being returned for the following:

In addition to the application documents, we must obtain a CERTIFICATE OF EXISTENCE from Arkansas.

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) 487-6914.

/s/ Buck Kohr
Corporate Specialist

Letter Number: 597A00039335

3:00

8-4-97

Please back-date
8-1-97

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:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 AUG 28
PM 3:53

1. Intercoastal Rehabilitation, LLC
(Name of foreign limited liability company must end with the words "limited company" or their abbreviation "L.C." if not so contained in the name at present.)
2. Arkansas
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 59-3459231
(FEI number, if applicable)
4. 7-28-97
(Date of Organization)
5. 12-31-2047
(Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon Qualification
(Date first transacted business in Florida. (See sections 608.501, 608.502 and 817.155, F.S.))
7. 9143 Philips Hwy., Suite 495
Jacksonville, FL 32256
(Street address of principal office)
8. List and indicate in title space provided the name, title, and business address of each managing member [MGRM] or manager [MGR]. It is not necessary to list members.
(attach additional page if necessary)

NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:
<u>Scott A. Haire</u>	<u>MGRM</u>	_____	_____
<u>9143 Philips Hwy., Ste. 495</u>		_____	
<u>Jacksonville, FL 32256</u>		_____	
_____		_____	
<u>Gilbert Valdez</u>	<u>MGRM</u>	_____	_____
<u>9143 Philips Hwy., Ste. 495</u>		_____	
<u>Jacksonville, FL 32256</u>		_____	
_____		_____	

Filing Fee: \$ 52.50 for Application

**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN
LIMITED LIABILITY COMPANY**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 AUG - 1 PM 3:53

The undersigned member or authorized representative of a member of _____

Intercoastal Rehabilitation, LLC deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 705,000 .
- 3) if any, the agreed value of property other than cash contributed by member(s) is
\$ 108,000 . A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is
\$ 811,000 . This total includes amounts from 2 and 3 above.



Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit
constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Filing Fee: \$52.50 for Affidavit

**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 IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
AUG - 1 PM 3:53

1. The name of the limited liability company is: Intercoastal Rehabilitation, LLC

2. The name and address of the registered agent and office is:

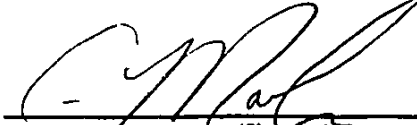
C T CORPORATION SYSTEM
(Name)

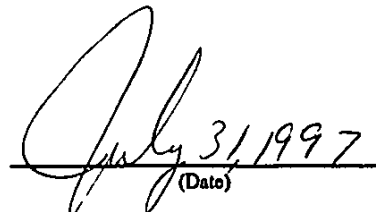
c/o C T CORPORATION, 1200 South Pine Island Road,
(P.O. Box not acceptable)

Plantation, Florida 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.

C T CORPORATION SYSTEM


(Signature)
C. Morales
Special Asst. Secretary


(Date)

FILING FEE: \$ 35 for Designation of Registered Agent



Sharon Priest
SECRETARY OF STATE

State of Arkansas SECRETARY OF STATE

CERTIFICATE OF GOOD STANDING OF A DOMESTIC ORGANIZATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 AUG - 1 PM 3: 53

I, Sharon Priest, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign Limited Liability Companies, do hereby certify that the records of this office show:

INTERCOASTAL REHABILITATION, LLC
a Limited Liability Company chartered under the laws of the State of ARKANSAS,
qualified in Arkansas JULY 28, 1997.

I further certify that as far as the records show, this Limited Liability Company is at this time qualified and in good standing in Arkansas, having met all the requirements governing a domestic Limited Liability Company in this State.

IN TESTIMONY WHEREOF, I have
hereunto set my hand and official seal, on
this, the 31ST day of JULY, 19 97.

Sharon Priest

Sharon Priest
Secretary of State

By: *David Morrow*

DAVID MORROW

LL-6/Rev10-93