

M9800001326

LAW OFFICES  
ELLIOTT & BLACKBURN  
FIRST LIBERTY BANK BUILDING  
109 NORTH PATTERSON STREET  
POST OFFICE BOX 579  
VALDOSTA, GEORGIA 31603-0579  
(912) 242-3333  
(912) 247-0800

September 18, 1998

FACSIMILE (912) 242-0696

Florida Department of State  
Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

100002644551--9  
-11/12/98--01059--003  
\*\*\*1188.75 \*\*\*1188.75

RE: Allied Therapy Services, L.L.C.

100002644551--9  
-09/21/98--01074--005  
\*\*\*\*293.75 \*\*\*\*293.75

Dear Sir:

With reference to the application by Allied Therapy Services, L.L.C. to transact business in Florida, please find enclosed the following:

1. Completed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida.
2. Completed Certificate of Designation of Registered Agent/Registered Office.
3. Certificate of Existence from Georgia Secretary of State's office.
4. Our check in the amount of \$293.75 to cover filing fee for Application and Affidavit, Designation of Registered Agent and a Certificate of Status.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 NOV 12 PM 1:38

Please send your authorization to transact business in Florida to us at the above address.

Please call me if there are any questions.

Sincerely,

*Walter G. Elliott*

Walter G. Elliott

WGE:sd

Enclosures

M98-1326

Name Available	11-12
Document Examiner	<i>[Signature]</i>
Updater	<i>[Signature]</i>
Updater Verifier	<i>[Signature]</i>
Acknowledgement	<i>[Signature]</i>
W. P. Verifier	<i>[Signature]</i>



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

September 22, 1998

WALTER G. ELLIOTT  
ELLIOTT & BLACKBURN  
P.O. BOX 579  
VALDOSTA, GA 31603-0579

SUBJECT: ALLIED THERAPY SERVICES, L.L.C.  
Ref. Number: W98000021648

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 NOV 12 PM 1:32

We have received your document for ALLIED THERAPY SERVICES, L.L.C. and your check(s) totaling \$293.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report and penalty fees is \$1188.75.

You must provide this office with the agreed value and a written description of the property and/or services you refer to in your affidavit. You may amend your affidavit to include this description or include an attachment.

The designation of the registered agent must be at a Florida street address.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline  
Document Specialist

Letter Number: 098A00047736

LAW OFFICES  
**ELLIOTT & BLACKBURN**  
FIRST LIBERTY BANK BUILDING  
509 NORTH PATTERSON STREET  
POST OFFICE BOX 579  
VALDOSTA, GEORGIA 31603-0579  
(912) 242-3333  
(912) 247-0800

November 10, 1998

FACSIMILE (912) 242-0696

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 NOV 12 PM 1:32

Florida Department of State  
Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314  
ATTN: Tammie Cline

RE: Allied Therapy Services, L.L.C.

Dear Ms. Cline:

In response to your letter to me dated September 22, 1998, and with reference to the application by Allied Therapy Services, L.L.C. to transact business in Florida, please find enclosed the following:

1. Completed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida.
2. Completed Certificate of Designation of Registered Agent/Registered Office.
3. Certificate of Existence from Georgia Secretary of State's office.
4. Our check in the amount of \$1,188.75 for the annual report and penalty fees.

Please send your authorization to transact business in Florida to us at the above address.

Please call me if there are any questions.

Sincerely,



Walter G. Elliott

WGE:sd

Enclosures

**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. Allied Therapy Services, L.L.C.  
(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. Georgia  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. \_\_\_\_\_  
(FEI number, if applicable)
4. 8-7-97  
(Date of Organization)
5. 2047  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. 8-14-97  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 2501 North Patterson Street  
Valdosta, GA 31602  
(Street address of principal office)

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 DIVISION OF CORPORATIONS  
 98 NOV 2 PM 1:32

8. List name, title, and business address of each managing member[MGRM] or manager[MGR] who will manage the foreign limited liability company in Florida: (attach additional page if necessary)

NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:
<u>John Bowling</u>	<u>MGR</u>	<u>Alfred J. Howard</u>	<u>MGR</u>
<u>2501 N. Patterson St.</u>		<u>7733 Forsyth Blvd., Ste. 1700</u>	
<u>Valdosta, GA 31602</u>		<u>Clayton, MO 63105</u>	
<u>James McGahee</u>	<u>MGR</u>	<u>Mary Beth Schulte</u>	<u>MGR</u>
<u>2501 N. Patterson St.</u>		<u>7733 Forsyth Blvd., Ste. 1700</u>	
<u>Valdosta, GA 31602</u>		<u>Clayton, MO 63105</u>	
<u>Greg Hembree</u>	<u>MGR</u>		
<u>2501 N. Patterson St.</u>			
<u>Valdosta, GA 31602</u>			

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

The undersigned member or authorized representative of a member of Allied Therapy  
Services, L.L.C. 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 \$ 1,250,000
  
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 325,000  
A description of the property is attached and made a part hereto.  
Promissory Note
  
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$ 1,575,000  
This total includes amounts from 2 and 3 above.
  
- 5) the total amount of cash or property anticipated to be contributed by member(s) is \$ 1,575,000



**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: \$250.00 for Application and Affidavit**

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98 NOV 12 PM 1:32

**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.

1. The name of the Limited Liability Company is:

Allied Therapy Services, L.L.C.

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

Kimberly Sanders

(Name)

201 East Marion Street

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Madison, FL 32340

(City/State/Zip)

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DIVISION OF CORPORATIONS  
98 NOV 12 PM 1:32

*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.*

Kimberly Sanders  
(Signature)

11/5/98  
(Date)

**Filing Fee: \$ 35 for Designation of Registered Agent**

# Secretary of State

Corporations Division

315 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

DOCKET NUMBER : 982570733  
CONTROL NUMBER : 9728008  
DATE INC/AUTH/FILED : 08/07/1997  
JURISDICTION : GEORGIA  
PRINT DATE : 09/14/1998  
FORM NUMBER : 211

ELLIOT & BLACKBURN  
WALTER G. ELLIOTT  
P O BX 579  
VALDOSTA GA 31603

## CERTIFICATE OF EXISTENCE

I, Lewis A. Massey, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

### ALLIED THERAPY SERVICES, L.L.C. A GEORGIA LIMITED LIABILITY COMPANY

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation, or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up, or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

*Lewis A. Massey*

LEWIS A. MASSEY  
SECRETARY OF STATE

