STATE OF ALABAMA
COUNTY OF SHELBY

20150727000256350 1/3 $158.00
Shelby Cnty Judge of Probate, AL
07/27/2015 02:18:43 PM FILED/CERT

CERTIFICATE OF FORMATION
OF
JONES PHYSICAL THERAPY, LLC

1. The name of the limited liability company is JONES PHYSICAL THERAPY, LLC.

2. A copy of the Name Reservation certificate from the Office of the Secretary of State is attached.

3. The street address of principal office of the limited liability company is 3634 Oak Leaf Drive, Helena, Alabama 35022.

4. The name and address of the Registered Agent is:

ANNA H. JONES	3634 Oak Leaf Drive Helena, Alabama 35022

5. The purpose for which the limited liability company includes, but is not limited to, conducting physical therapy services and sports and other general rehabilitation services for the production of income and profit and the operation, management, development and cultivation of property owned by the Company, and to engage in any and all activities related or incidental to the business of the Company; the purpose includes the transaction of any lawful business for which limited liability companies may be organized in Alabama under Title 10A, Chapter 5 of the Code of Alabama.

6. The period of duration shall be perpetual.

7. The name and address of the Organizer is:

ANNA H. JONES	3634 Oak Leaf Drive Helena, Alabama 35022

8. The name and address of the sole Member of the limited liability company is:

ANNA H. JONES	3634 Oak Leaf Drive Helena, Alabama 35022

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9. The name and address of the Manager of the limited liability company is:

ANNA H. JONES — 3634 Oak Leaf Drive, Helena, Alabama 35022

10. The filing of the limited liability company is effective immediately on the date filed by the Judge of Probate.

IN WITNESS WHEREOF, the undersigned Member has caused this Certificate of Formation to be executed this 16th day of July, 2015.

ANNA H. JONES

STATE OF ALABAMA
COUNTY OF Jefferson

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that ANNA H. JONES, whose name is signed to the foregoing instrument and who is known to me, acknowledged before me on this day that, being informed of the contents of the instrument, she executed the same voluntarily on the day the same bears date.

Given under my hand and official seal this, the 16 day of July, 2015.

NOTARY PUBLIC
My Commission Expires: _____
MY COMMISSION EXPIRES NOVEMBER 13, 2017

THIS INSTRUMENT WAS PREPARED BY:
Joel F. Dorroh
DORROH & ASSOCIATES, P.C.
1800 McFarland Boulevard, North, Suite 180
Tuscaloosa, AL 35406
(205) 345-2800

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John H. Merrill
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

pursuant to the provisions of Title 10A, Chapter 1, Article 5, Code of Alabama 1975, and upon an examination of the entity records on file in this office, the following entity name is reserved as available:

Jones Physical Therapy, LLC

This name reservation is for the exclusive use of Joel F. Dorroh, 1800 McFarland Blvd. N., Suite 180, Tuscaloosa, AL 35406 for a period of one year beginning June 29, 2015 and expiring June 29, 2016

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

June 29, 2015

Date

J H. Merrill

John H. Merrill **Secretary of State**

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