



COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

Office of the Clerk

November 9, 2018

1811040321

UCC RETRIEVALS, INC.
MARY COLLINS
7288 HANOVER GREEN DR
MECHANICSVILLE, VA 23111

RECEIPT

RE: FIVE STAR REHABILITATION AND WELLNESS SERVICES,
LLC
ID: T033360 - 1
DCN: 18-11-09-1052

Dear Customer:

This is your receipt for \$10.00 to cover the fee for filing each attested copy of an assumed or fictitious name certificate for the above-referenced limited liability company conducting business under the following assumed or fictitious name(s):

AGEILITY PHYSICAL THERAPY SOLUTIONS AT THE WEST
END (RICHMOND CI)

This is also your receipt for \$50.00 to cover the fee(s) for expedited service(s).

Thank you for contacting our office. If you have any questions, please call (804) 371-9733 or toll-free in Virginia, (866) 722-2551.

Sincerely,


Joel H. Peck
Clerk of the Commission

LLFNACPT
CISBJB1

1811040321

HOLD FOR PICK-UP FOR

UCC RETRIEVALS, INC.
7288 HANOVER GREEN DRIVE
MECHANICSVILLE, VA 23111
BETH EPSTEIN / TRACI GOODMAN / MARA-BETH LOVING / MARY COLLINS

(804) 559.5919

STATE CORPORATION COMMISSION
1300 EAST MAIN STREET
RICHMOND VA 23209-1197

November 8, 2018

NEXT DAY EXPEDITE!!

DEAR SIRs,

PURSUANT TO INSTRUCTIONS OF COUNSEL, I ENCLOSE FOR FILING ON
BEHALF OF:

FIVE STAR REHABILITATION AND WELLNESS SERVICES LLC dba AGEILITY PHYSICAL
THERAPY SOLUTIONS AT THE WEST END

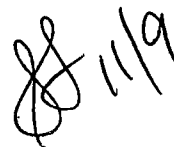
ASSUMED NAME CERTIFICATE (Richmond City)

****PLEASE RETURN (1) CERTIFIED COPY OF THE ATTACHED FILING (for
foreign entities c/c the application only!)****

CHECK(S) IN PAYMENT OF THE REQUIRED FEES ARE ENCLOSED. I WOULD APPRECIATE YOU
TELEPHONING ME AT (804) 559-5919 IF THERE IS A PROBLEM WITH THIS FILING AND TO ADVISE ME
WHEN THE EVIDENCE IS AVAILABLE TO BE PICKED UP.

THANK YOU FOR YOUR ASSISTANCE IN THIS REGARD.

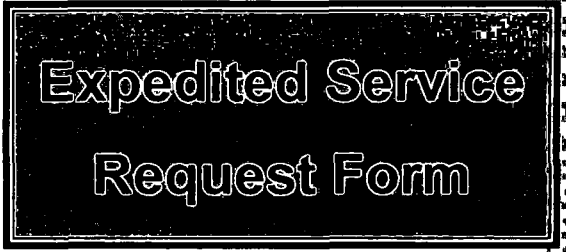
SINCERELY,
MARY COLLINS





SCC21.2
(10/17)

COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION
OFFICE OF THE CLERK
1300 E MAIN ST
RICHMOND, VA 23219
(804) 371-9733
1-866-722-2551 Toll-free in Virginia



This form MUST be completed and placed on top of EACH document submission (so it can be readily identified as a request for expedited review and processing).

Name of Corporation or Company (etc.): (Must be typed for Email option.) FIVE STAR REHABILITATION AND WELLNESS SERVICES LLC	SCC ID No. (if known): T033360-1
Customer Contact Information: Name: <u>MARY COLLINS</u> Company: <u>UCC RETRIEVALS, INC.</u> Address: <u>7288 HANOVER GREEN DR</u> <u>MECHANICSVILLE VA 23111</u> <small>(city or town) (state) (zip code)</small> Telephone: (<u>804</u>) <u>559</u> - <u>5919</u> ext _____ Email: _____	Send Evidence of Expedited Filing By: (Choose <u>one</u>) <input type="checkbox"/> Email (Only available for Categories A, C and D) <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> Two typed originals of this form must be submitted for Email option. <small>See "Return of Evidence" in the Instructions.</small> </div> <input checked="" type="checkbox"/> Hold for Pickup (Available at 4:00 p.m.) <input type="checkbox"/> First-Class Mail <input type="checkbox"/> USPS Express Mail (Prepaid envelope required.) <input type="checkbox"/> Overnight via <input type="checkbox"/> UPS <input type="checkbox"/> Fed Ex <small>(Completed waybill required. For Fed Ex, the waybill must be computer-generated with a barcode.)</small>
<p align="center">~~ See Information & Instructions for description of Categories. ~~</p> Expedited Service Requested: (mark service requested) *** Expedite Fee: (other fees may be needed – see footnote) <input type="checkbox"/> Category A Expedite Business Entity Document listed in Schedule A <input type="checkbox"/> Same Day Service (Received by 10:00 a.m.) \$ 200 <input type="checkbox"/> Next Day Service (Received by 2:00 p.m.) \$ 100 <input type="checkbox"/> Category B Preliminary Review of Document listed in Schedule A \$ 50 (2 nd Business Day Service Only – Received by 2:00 p.m.) <input type="checkbox"/> Resubmission within 30 Days of initial Pre-Review (N/C) <input checked="" type="checkbox"/> Category C Expedite Business Entity Document listed in Schedule C \$ 50 (Next Day Service Only – Received by 2:00 p.m.) <input type="checkbox"/> Category D Expedite Application for Reinstatement \$ 50 (Next Day Service Only – Received by 2:00 p.m.)	FOR OFFICE USE ONLY I/O <input type="checkbox"/>

*** Submit one payment for all applicable fees (e.g., charter/entrance, reinstatement, filing and expedite fees)

REVIEW THE INSTRUCTIONS BEFORE SUBMITTING THIS FORM.

1811040321

18C-999

CERTIFICATE OF ASSUMED OR FICTITIOUS NAME

Commonwealth of Virginia

This is to certify that the below named person, partnership, limited liability company or corporation intends to conduct or transact business under an assumed or fictitious name in the City County of Richmond

1. The ASSUMED OR FICTITIOUS NAME of business
Ageility Physical Therapy Solutions at the West End

2. The above business is owned by the following entity type:
 SOLE PROPRIETORSHIP (Complete A below) PARTNERSHIP (Complete B below)
 LIMITED LIABILITY COMPANY (Complete C below) CORPORATION (Complete C below).

A. NAME OF OWNER
RESIDENCE ADDRESS

POST OFFICE ADDRESS

B. NAME OF PARTNERSHIP 181109 1052
OFFICE ADDRESS

- (1) Is this a general partnership? NO YES. If YES, complete the Statement of Partners on Page Two of Two.
 - (2) Is this a domestic limited partnership? NO YES. If YES, a certified copy of this certificate must be filed with the State Corporation Commission. Va. Code § 59.1-70.
 - (3) Is this a foreign limited partnership? NO YES. If YES, indicate the date of the certificate of registration to transact business in the Commonwealth of Virginia issued by the State Corporation Commission:
- A certified copy of this certificate must be filed with the State Corporation Commission. Va. Code § 59.1-70.

C. NAME OF CORPORATION LIMITED LIABILITY COMPANY
Five Star Rehabilitation and Wellness Services, LLC

OFFICE ADDRESS 3000 Skipwith Road, Richmond, VA 23294

POST OFFICE ADDRESS 400 Centre Street, Newton, MA 02458

- (1) A corporation or limited liability company must file a certified copy of this certificate with the State Corporation Commission. Va. Code § 59.1-70.
- (2) Is this a foreign corporation or a foreign limited liability company? NO YES. If YES, indicate the date of the certificate of authority/registration to transact business in the Commonwealth of Virginia issued by the State Corporation Commission: 02/20/2007

ACKNOWLEDGMENT

I certify that the foregoing is true and correct to the best of my knowledge and belief.

Sole Proprietorship
NAME OF OWNER SIGNATURE OF OWNER

Partnership
NAME OF GENERAL PARTNER SIGNATURE OF GENERAL PARTNER

Corporation
NAME OF PRESIDENT SIGNATURE OF PRESIDENT

Limited Liability Company FSQ, Inc., Sole Member of Five Star Rehabilitation and Wellness Services, LLC
By: Katherine E. Potter, Executive Vice President, General Counsel and Assistant Secretary
NAME OF MEMBER/MANAGER SIGNATURE OF MEMBER/MANAGER

City County of Middlesex State/Commonwealth of Massachusetts

Subscribed and acknowledged before me, this 29 day of October, 20 18
by Katherine E. Potter, Executive Vice President, General Counsel and Assistant Secretary
NAME TITLE

My commission expires 11.30.2018
 CLERK/DEPUTY CLERK NOTARY PUBLIC

Registration No. NOV 02 2018
Clerk's Office CITY OF RICHMOND
Filed in the Clerk's Office of the Edward F. Jewett Circuit Court on DATE

....., Clerk by [Signature], Deputy Clerk

A Copy
Teste: EDWARD F. JEWETT, CLERK
BY: [Signature]
D.C.

[Signature]
SIGNATURE OF MEMBER/MANAGER

