

CT CORPORATION SYSTEM

CORPORATION(S) NAME

LD10000007843

Ocala Health and Rehabilitation, L.L.C.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAY 17 PM 1:41

APPROVED
AND
FILED

- | | | |
|--|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Other |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Change of RA |
| <input checked="" type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Photocopies | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Call If Problem | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | <input type="checkbox"/> Will Wait | |

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 MAY 17 AM 11:23
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Name _____
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Examiner _____
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Verifier _____
W.P. Verifier _____

5/17/01

Order#: 4389182

Ref#:

200004242642--7

-05/17/01--01095--013

Amount: \$ ****125.00 ****125.00

LB
5-17-01

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

**ARTICLES OF ORGANIZATION
OF
OCALA HEALTH AND REHABILITATION, L.L.C.**

ARTICLE I

Name

The name of the limited liability company is Ocala Health and Rehabilitation, L.L.C. (the "Company").

ARTICLE II

Address

The mailing address and street address of the principal office of the Company is 931 Fairfax Park, Tuscaloosa, Alabama 35406.

ARTICLE III

Registered Agent

The name and the Florida address of the Registered Agent are:

CT Corporation System, c/o CT Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

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, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of its position as registered agent as provided for in Chapter 608, F.S..



Registered Agent's Signature

DALE W. MORRIS
ASSISTANT VICE PRESIDENT

Signature of authorized representative of a member:



Edward R. Christian, Authorized Representative

(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.)

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AND
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ALLAHASSEE, FLORIDA