

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L03000016877  
FILED 8:00 AM  
May 12, 2003  
Sec. Of State

**Article I**

The name of the Limited Liability Company is:

MALECON CLINIC LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

5918 WEST 16 AVE  
HIALEAH, FL. US 33012

The mailing address of the Limited Liability Company is:

5918 WEST 16 AVE  
HIALEAH, FL. US 33012

**Article III**

The purpose for which this Limited Liability Company is organized is:

SERVICE COMMUNITY WITH MEDICAL AND PHYSICAL REHABILITATION.

**Article IV**

The name and Florida street address of the registered agent is:

LORENZO J FELIPE  
5918 WEST 16 AVE  
HIALEAH, FL. 33012

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.

Registered Agent Signature: LORENZO J FELIPE

Signature of member or an authorized representative of a member

Signature: LORENZO FELIPE