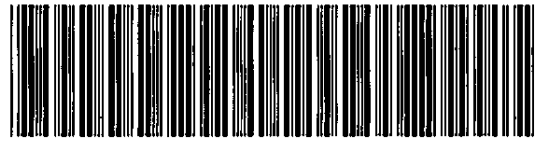


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(Requestor's Name)

(Address)

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(Document Number)

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DATE: 08/24/06

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CORP. NAME: SELECT MEDICAL MANAGEMENT, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 518214 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$ _____

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| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION OF
SELECT MEDICAL MANAGEMENT, LLC**

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

ARTICLE I — Name

The name of the limited liability company is:

SELECT MEDICAL MANAGEMENT, LLC (the "Limited Liability Company")

ARTICLE II — Address

The street address of the Limited Liability Company is 2999 N. E. 191st Street, Suite 103, Aventura, Florida 33180 and the mailing address of the Limited Liability Company is P. O. Box 802431, Aventura, Florida 33280.

ARTICLE III — Duration

The period of duration for the Limited Liability Company shall be perpetual.

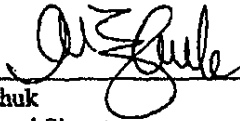
ARTICLE IV — Management

The Limited Liability Company will be a manager-managed company.

ARTICLE V — Registered Agent

The name of the registered agent for service of process in the state shall be Mark Zhuk and the street address of the initial registered office of this Limited Liability Company in the State of Florida is 2999 N. E. 191st Street, Suite 103, Aventura, Florida 33180.

Dated: August 22, 2006.

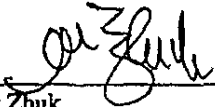


Mark Zhuk
Authorized Signatory

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**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT
SELECT MEDICAL MANAGEMENT, LLC**

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent as provided for in Chapter 608, F.S.



Mark Zhuk

Dated: August 22, 2006