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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Bollettieri Sports Medicine, L.L.C.

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January 24, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

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SUBJECT: BOLLETTIERI SPORTS MEDICINE, L.L.C.
REF: W08000003791

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Regulatory Specialist II

FAX Aud. #: H08000019198
Letter Number: 408A00005061

P.O BOX 6327 – Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Bollettieri Sports Medicine, L.L.C.

(Must end with the words "Limited Liability Company, "L.L.C." or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
Lakewood Ranch Medical Center	UHS of Delaware, Inc.
8330 Lakewood Ranch Blvd.	367 S. Gulph Rd.
Bradenton, FL 34202	King of Prussia, PA 19406

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ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

C T Corporation System
Name

1200 South Pine Island Road
Florida street address (P.O. Box **NOT** acceptable)

Plantation FL 33324
City, State, and Zip

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 as provided for in Chapter 608, F.S..

C T Corporation System
Connie Bryan
Registered Agent's Signature (REQUIRED)

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

(CONTINUED)

FL053 - 06/28/2007 C T System Online

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	**Name and Address:**
MGRM	The Rehab Group, L.L.C. 6480 Midnight Pass Road Sarasota, FL 34242
MGRM	Wellington Regional Medical Center, Inc. 10101 Forest Hill Blvd. West Palm Beach, FL 33414

(Use attachment if necessary)

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ARTICLE V: Effective date, if other than the date of filing: ____________________ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

<u>REQUIRED</u> SIGNATURE:

____
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

George Brunner
Typed or printed name of signee

Filing Fees:

$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)