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ORTHO REHAB PARTNERS LLC
6431 PINE TREE DRIVE
MIAMI BEACH, FLORIDA 33141

February 12, 2001

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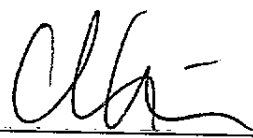
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: *Ortho Rehab Partners LLC*

Dear Madam or Sir:

Enclosed herewith are the Articles of Organization for *Ortho Rehab Partners LLC*, and our check in the amount of \$125.00 for filing fees.

Respectfully submitted:



Charles Weiss, MD

FILED
00 FEB 15 AM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION
FOR
ORTHO REHAB PARTNERS LLC

WE, THE UNDERSIGNED, hereby associate ourselves together for the purpose of becoming a Limited Liability Company under the Laws of the State of Florida, by and under the provision of the Statutes of the said State of Florida.

ARTICLE I

This name of the Limited Liability Company shall be:

Ortho Rehab Partners LLC

ARTICLE II

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

**6431 Pine Tree Drive
Miami Beach, Florida 33141**

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TALLAHASSEE, FLORIDA

ARTICLE III

The name and street address of the person signing these Articles of Organization as registered agent is subscribed as follows:

**Dr. Charles Weiss
6431 Pine Tree Drive
Miami Beach, Florida 33141**

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.



Charles Weiss, MD (SIGNATURE AS REGISTERED AGENT)

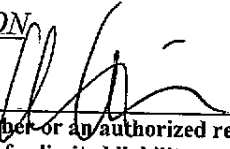
ARTICLE IV

The name(s) and street address(es) of the member(s) of the first Board of Directors of this Limited Liability Company is (are) as follows:

**Charles Weiss, MD
6431 Pine Tree Drive
Miami Beach, Florida 33141**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SIGNATURE OF AUTHORIZED PERSON



Signature of a member or an authorized representative of a member for limited liability company

Charles Weiss, MD

Typed or printed name of signee

(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.