4600 North Habana Avenue, Suite 25 Tampa, Florida 33614

Re:	Transmittal	letter
Ke:	I l'ausmittai	ACTION

Name of Limited Liability Company:

TAMPA MEDICAL & REHAB CARE, LLC

Street address:

4600 North Habana Avenue

Suite 25

Tampa, Florida 33614

Dear Corporation Division:

Please find enclosed:

1. An original Articles of Organization and one copy for the above named corporation.

2. A check in the amount of one hundred twenty-five dollars (\$125.00) for filing fees.

A certified copy () is (X) is not requested.

WOI-26430

Please send responses or receipt concerning this filing to the above address.

Thank you for your attention to this matter.

Name of Member: LUIS F. YCAZA

Signature of Member:



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

November 19, 2001

LUIS F. YCAZA TAMPA MEDICAL & REHAB CARE, LLC 4600 NORTH HABANA AVENUE, SUITE 25 TAMPA, FL 33614

SUBJECT: TAMPA MEDICAL & REHAB CARE, LLC

Ref. Number: W01000026430

We have received your document for TAMPA MEDICAL & REHAB CARE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We can file only one version of your ARTICLES OF ORGANIZATION, but you have submitted two different documents with this title. Also, we do not file operating agreements. Please return this letter with whichever version of your articles of organization you would like us to file.

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) 245-6958.

Lee Rivers Document Specialist

Letter Number: 701A00061951

DIVISION OF CORPORATIONS



Fax

FOWLER WHITE BOGGS BANKER

Writer's Direct Line (813) 222-1170

ATTORNEYS AT LAW

Please deliver the following pages immediately to:

Name:

Lee Rivers

Firm:

Florida Department of State

Fax:

850/410-1015

Re:

Tampa Medical & Rehab Care, LLC

Total Number of Pages 3 (including this cover page)

From:

Gail M. Morrow

Date:

November 28, 2001

File:

Tampa Medical & Rehab Care, LLC

Message:

Dear Mr. Rivers:

Per our discussion, please see attached Articles of Organization for Tampa Medical & Rehab Care, LLC. These Articles were originally received by your office on November 14, 2001; however, they were rejected and returned to the company. Please forward to me via facsimile a confirmation that these Articles were accepted and as to the effective date of filing same. My direct fax line is \$13-228-9401.

Thank you.

The information contained in this transmission is attorney privileged and confidential. It is intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copy of this communication is strictly prohibited. In addition, unauthorized use of information in this transmission may violate federal securities laws. If you have received this communication in error, please notify us immediately by telephone, collect, and return the original message to us at the address below via the United States Postal Service. We will reimburse you for postage. Thank you.

ARTICLES OF ORGANIZATION OF TAMPA MEDICAL & REHAB CARE, LLC

I hereby file these Articles of Organization as an authorized representative of a member of the limited liability company to be formed pursuant to these Articles of Organization and the laws of the State of Florida.

ARTICLE I NAME

The name of the limited liability company to be formed hereunder is "Tampa Medical & Rehab Care LLC_i^* "

ARTICLE II ADDRESS AND PLACE OF BUSINESS

The address and the place of business in Florida for the limited liability company is 4600 North Habana Avenue, Suite 25, Tampa, Florida 33614.

ARTICLE III REGISTERED OFFICE AND REGISTERED AGENT

The name and the Florida street address of the limited liability company's registered agent is:

Luis F. Yuaza 4600 North Habana Avenue, Suite 25 Tampa, Florida 33614

The limited liability company may change its registered office or its registered agent or both by filing with the Department of State of the State of Florida a statement complying with Section 608.416, Florida Statutes.

Ilaving 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 statues 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.

Registered Agent=s Signature

SECRETARY OF STATE
IVISION OF CORPORATIO

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ARTICLE IV MANAGEMENT

All powers of the limited liability company shall be exercised by or under the authority of, and the business and affairs of the limited liability company shall be managed by or under the direction of the members.

ARTICLE V POWERS

The limited liability company shall have the power to take any and all lawful actions necessary, appropriate, proper, advisable, incidental or convenient to or for the furtherance of its purposes.

ARTICLE VI PURPOSES

The limited liability company may engage in the transaction of any or all lawful business for which limited liability companies may be formed under the laws of the State of Florida.

ARTICLE VII EFFECTIVE DATE

The limited liability company will have an effective filing date of November 9, 2001.

IN WITNESS THEREOF, the undersigned has executed these Articles of Organization this 14^6 day of November, 2001.

Luis F. Ycaza

Authorized Representative

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

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