LOZGOGGAZIZUT

Boca Raton, Florida 33433 561-451-4513 Fax 561-883-0310 mgrish555@earthlink.net

August 14, 2002

Registration Section Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

100007176101--8 -08/19/02--01007--001 ****250.00 ****125.00

Re: <u>Articles of Organization – Phoenix Rehabilitation Network, LLC</u>
<u>Articles of Organization – Phoenix Integrated Health Systems, LLC</u>

Dear Sir or Madam:

Enclosed are the above-referenced Articles of Organization and Designations of Registered Agent.

Also enclosed is a check in the amount of \$250.00 to cover the filing fees on behalf of both entities.

Please file in your customary manner.

Very truly yours,

Margarita M Grishkoff

(0)-21261 gr

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Phoenix Rehabilitation Nature, UC ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: 01195	The name of the Limited Liability Company is: Phaenix Rehabilitation
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: \$\textit{31.95}\$ \textit{Example Liability Company is:} \textit{Boog Ration, FL 33.45}\$ ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:} The name and the Florida street address of the registered agent are: \[\textit{Manguista M. Grishkoff} \] Name \[\textit{S1.95}\$ \textit{L3.95}\$ \textit{L3.95}\$ \textit{Most Most Most Agent's Signature:} \] Florida street address (P.O. Box NOT acceptable) \textit{L3.94.93}\$ \textit{City, State, and Cip} \] 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 oach 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 on familiar value and accept the obligations of my position as registered agent of provided for if Chapter 608, [5]. \[\text{Registered Agent's Signature} \] Article IV - Management (Check box if applicable.) \[\text{Registered Agent's Signature} \] Article IV - Management (Check box if applicable.) \[\text{Signature of a member of an authorized, Forces entative of a member.} \] (In accordance with section 608.408.5), Florida Statutes, the execution of this document constitutes an affiguation under the penalties of perjury that the facts stated herein are true.)	Network LC
Margarita M. Brishkoff Name 21195 Escandicla Way North Florida street address (P.O. Box NOT acceptable) Beca North FL 33+33 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 restricted accept the obligations of my position as registered agent as provided for if Chapter 608, Figure 1 Chapter 608, Proceedings of the company of the Limited Liability Company is to be managed by one manager or more managers and is, 2 therefore, a manager - managed company. (An additional article must be added if an effective date is requested) Signature of a member of 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.)	ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: 81195 Escandido Way North 8000 Raton, FL 33435
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Margarita M. Grishkoff 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.)
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Filing Fees:
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)