

**Electronic Articles of Organization
For
Florida Limited Liability Company**

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Sec. Of State

Article I

The name of the Limited Liability Company is:
COASTLINE REHABILITATIVE SERVICES, L.L.C.

Article II

The street address of the principal office of the Limited Liability Company is:
305 CLYDE MORRIS BOULEVARD
SUITE 220
ORMOND BEACH, FL. US 32174

The mailing address of the Limited Liability Company is:
305 CLYDE MORRIS BOULEVARD
SUITE 220
ORMOND BEACH, FL. US 32174

Article III

The name and Florida street address of the registered agent is:
CHARLES C EBBETS
210 SOUTH BEACH STREET
SUITE 200
DAYTONA BEACH, FL. 32114

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.

Registered Agent Signature: CHARLESCHOBEE EBBETS

Signature of member or an authorized representative of a member

Signature: CYNTHIA J PYLES