

L03000013964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

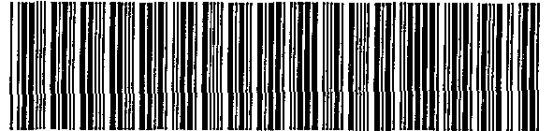
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400015441354

04/17/03--01015--007 **155.00

FILED
03 APR 16 AM 10:02
TALLAHASSEE, FLORIDA

4/18 [Signature]

April 14 2003

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

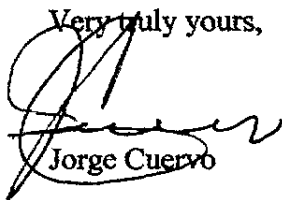
Re: LifeCare Consultants, LLC

Dear Sir or Madam:

Enclosed are the Articles of Organization along with a check in the amount of \$155 as payment for the Filing Fee (\$100), Designation of Registered Agent (\$25) and for a Certified Copy (\$30), to register LifeCare Consultants, LLC, as a limited liability company under the laws of the State of Florida.

If there are any questions, please contact the undersigned.

Very truly yours,



Jorge Cuervo

Enclosures

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ARTICLES OF ORGANIZATION OF LIFECARE CONSULTANTS, LLC

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I — Name:

The name of the Limited Liability Company is: LifeCare Consultants, LLC.

ARTICLE II — Address:

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

21218 St. Andrews Boulevard, #604
Boca Raton, Florida 33433

ARTICLE III — Duration:

The period of duration for the Limited Liability Company shall be perpetual.

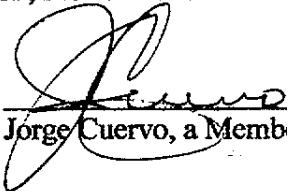
ARTICLE IV — Management:

The Limited Liability Company will be a manager-managed company.

ARTICLE V — Registered Agent:

The name and address of the registered agent for service of process in the state shall be:

LifeCare of Florida, LLC
21218 St. Andrews Boulevard, #604
Boca Raton, Florida 33433



Jorge Cuervo, a Member

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

LifeCare Consultants, LLC

2. The name and address of the registered agent and office is:

LifeCare of Florida, LLC
21218 St. Andrews Boulevard, #604
Boca Raton, Florida 33433

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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, the undersigned hereby accepts the appointment as registered agent and agree to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and the undersigned is am familiar with and accept the obligations of its position as registered agent.

LifeCare of Florida, LLC

By: _____

Name: Jorge Cuervo
Title: Vice President

Dated: April 2, 2003