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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : GREENBERG TRAUIG (WEST PALM BEACH)
Account Number : 075201001473
Phone : (561)650-7900
Fax Number : (561)655-6222

PLEASE FAX TO BETH GDANSKI IN THE BOCA OFFICE (561) 659-9109.

File #: 40792.010400

LIMITED LIABILITY COMPANY

Oxygen Rehab Leasing LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

APPROVED AND FILED
03 APR 25 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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03 APR 25 AM 11:50
DIVISION OF CORPORATION

Handwritten signature and date: 4-25-03

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**ARTICLES OF ORGANIZATION
OF
OXYGEN REHAB LEASING LLC**

ARTICLE I Name: The name of the Limited Liability Company is **OXYGEN REHAB LEASING LLC** (the "Company").

ARTICLE II. Address: The mailing address and street address of the principal office of the Company is: 11621 Kew Gardens Avenue, Suite 109, West Palm Beach, FL 33410.

ARTICLE III. Registered Agent, Registered Office & Registered Agent's Signature: The name and the Florida street address of the Company's registered agent are:

KATHRYN K. THEOFILOS

11621 Kew Gardens Avenue, Suite 109

West Palm Beach, FL 33410

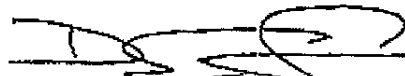
Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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 in Chapter 608, Florida Statutes.



Kathryn K. Theofilos

ARTICLE IV. Management: (Check box if applicable)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.



Derek A. Schwartz
Authorized Representative

(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.)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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