Electronic Articles of Organization
For
Florida Limited Liability Company

L03000042320
FILED 8:00 AM
November 03, 2003
Sec. Of State

Article I

The name of the Limited Liability Company is:

CARE FOR ALL MEDICAL REHABILITATION,LLC

Article II

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

5460 NORTH STATE ROAD 7
SUITE 112
NORTH LAUDERDALE, FL. US 33319

The mailing address of the Limited Liability Company is:

5460 NORTH STATE ROAD 7
SUITE 112
NORTH LAUDERDALE, FL. US 33319

Article III

The purpose for which this Limited Liability Company is organized is:

MEDICAL SERVICES.

Article IV

The name and Florida street address of the registered agent is:

ROOLS PIERRE
5460 NORTH STATE ROAD 7
SUITE 112
NORTH LAUDERDALE, FL. 33319

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: ROOLS PIERRE

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Article V

The name and address of managing members/managers are:

Title: MGR
MAXEL ALTIDOR
1829 NORTH DIXIE HIGHWAY APT. A
FORT LAUDERDALE, FL. 33305 US

Article VI

The effective date for this Limited Liability Company shall be:

11/01/2003

Signature of member or an authorized representative of a member

Signature: ROOLS PIERRE