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From:

Account Name : Katz Barron Squitero Faust

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Phone : (305)856-2444
Fax Number : (305)285-9227

LIMITED LIABILITY COMPANY

ASSOCIATES REHAB SOUTH, LLC

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 5, 2004

KATZ BARRON

SUBJECT: ASSOCIATES REHAB SOUTH, LLC

REF: W0400005033

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and relax the complete document, including the electronic filing cover sheet.

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To-Katz Barron Squitero Page 981

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ARTICLES OF ORGANIZATION

OF

ASSOCIATES REHAB SOUTH, LLC

The undersigned, desiring to form a limited liability company under and pursuant to Florida Statute 608 entitled the Florida Limited Liability Company Act, does hereby adopt the following Articles of Organization for such Company:

ARTICLE I NAME

The name of the limited liability company is ASSOCIATES REHAB SOUTH, LLC.

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the limited liability company is 770 Ponce de Leon Blvd., Suite 200, Miami, Florida 33134.

ARTICLE III INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this Company is 770 Ponce de Leon Blvd., Suite 200, Miami, Florida 33134, and the name of the registered agent of this Company at that address is Lazaro Armenteros.

ARTICLE IV DURATION AND EFFECTIVE DATE

The period of this Company's duration shall be perpetual.

This instrument prepared by:
Anna Krimshtein, Esq.
KATZ, BARRON, SQUITERO & FAUST, P.A.
2699 S. Bayshore Drive, 7th Floor
Miami, Florida 33133
Tel: (305) 856-2444

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ARTICLE V PURPOSE

The Company shall be authorized to engage in and transact any and all lawful business within and without the State of Florida or United States for which companies may be organized under Chapter 608, Florida Statutes, as amended and supplemented.

ARTICLE VI MANAGEMENT OF COMPANY

The business of the Company shall be manager-managed by one (1) initial Manager. The Manager shall hold the office and have the responsibility accorded to them by the members and set out in the operating agreement. The name and address of the initial Manager is:

> Lazaro Armenteros 770 Ponce de Leon Blvd., Suite 200 Miami, Florida 33134.

Authorized Representative of Member

ACCEPTANCE OF REGISTERED AGENT

Having been named as registered agent and to accept service of process for the above stated limited liability Company at the place designated in the Articles of Organization, I hereby accept this 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.

FAX AUDIT NO. H04000025869 3

Name: Lazaro Armenteros

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This instrument prepared by:
Ama Krimshtein, Esq.
KATZ, BARRON, SQUITERO & FAUST, P.A.
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