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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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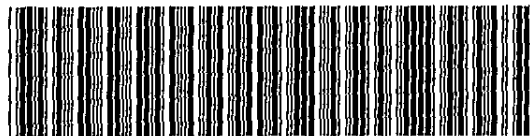
(Business Entity Name)

(Document Number)

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MILLER, JAMES

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OCALA REHABILITATION SPECIALISTS, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SOCRATES FIGUERAS
(Name of Person)

FLORIDA REHABILITATION SPECIALISTS, LLC
(Firm/Company)

134 N. OLD DIXIE HWY.
(Address)

LADY LAKE, FLORIDA 32159
(City/State and Zip Code)

For further information concerning this matter, please call:

SOCRATES FIGUERAS at (352) 751-6627
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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SECRET
MAIL ROOM

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OCALA REHABILITATION SPECIALISTS, LLC

ARTICLE II - Address:

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

Principal Office Address:

5345 SW COLLEGE RD
SUITE 402
OCALA, FL 34474

Mailing Address:

PO BOX 850
LADY LAKE, FL 32158-0850

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

JESSIE LABASBAS

Name

8944 SW54TH COURT

Florida street address (P.O. Box NOT acceptable)

OCALA, FL 34476

City, State, and Zip

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 for in Chapter 608, F.S..

JESSIE LABASBAS 04-26-05
Registered Agent's Signature

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(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member


Name and Address:

<u>MGR</u>	JESSIE LABASBAS
	8944 SW54TH COURT
	OCALA, FLORIDA 34476
<u>MGR</u>	AUGUSTO LAUREANO
	5655 SE 42ND COURT
	OCALA, FLORIDA 34480
<u>X</u>	

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

 JESSIE LABASBAS 04-26-05
Signature of a member or an authorized representative of a member.

(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.)

JESSIE LABASBAS
Typed or printed name of signee

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Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

OCALA REHABILITATION SPECIALIST, LLC

ADDENDUM TO ARTICLE IV

THE FOLLOWING ARE PARTNERS OF THE BUSINESS:

1. JESSIE LABASBAS
MANAGER
8944 SW54TH COURT
OCALA, FL 34476
2. AUGUSTO LAUREANO
MANAGER
5655 SE42ND COURT
OCALA, FL 34480
3. FLORIDA REHABILITATION SPECIALIST, LLC
PARTNER/ CONSULTANT
134 N. OLD DIXIE HWY.
LADY LAKE, FL 32159

SECRETARY OF STATE
TALLAHASSEE, FL 32309

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