

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L05000053220
FILED 8:00 AM
May 27, 2005
Sec. Of State
Irrivers

Article I

The name of the Limited Liability Company is:

FAMILY PLUS MEDICAL & REHABILITATION CENTER, LLC.

Article II

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

5040 N.W. 7TH STREET
450
MIAMI, FL. 33126

The mailing address of the Limited Liability Company is:

5040 N.W. 7TH STREET
450
MIAMI, FL. 33126

Article III

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

ANY AND ALL LAWFUL BUSINESS.

Article IV

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

ALEJANDRO F LOPEZ
5200 S.W. 5TH STREET
MIAMI, FL. 33134

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: ALEJANDRO F. LOPEZ

Article V

The name and address of managing members/managers are:

Title: MGR
ABELARDO E RIVERA
5040 N.W. 7TH STREET, #450
MIAMI, FL. 33126 US

Title: MGR
RENE PEREZ-BORROTO
5040 N.W. 7TH STREET, #450
MIAMI, FL. 33126 US

Title: MGR
ALEJANDRO F LOPEZ
5040 N.W. 7TH STREET, #450
MIAMI, FL. 33126 US

Article VI

The effective date for this Limited Liability Company shall be:

05/27/2005

Signature of member or an authorized representative of a member

Signature: ALEJANDRO F. LOPEZ

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