Electronic Articles of Organization
For
Florida Limited Liability Company

L05000122283
FILED 8:00 AM
December 27, 2005
Sec. Of State
mhodges

Article I

The name of the Limited Liability Company is:

WEST COAST REHAB AND MEDICAL CENTER, LLC

Article II

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

800 ORANGE AVE
FORT PIERCE, FL. US 34950

The mailing address of the Limited Liability Company is:

800 ORANGE AVE
FORT PIERCE, FL. US 34950

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:

KESNEL THEUS
800 ORANGE AVE
FORT PIERCE, FL. 34950

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: KESNEL THEUS

Article V

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The name and address of managing members/managers are:

Title: MGR
FRANCEL AUGUSTE
160 JASMINE CIRCLE
NAPLES, FL. 34102 US

Title: MGRM
SHERLEY THEUS
160 JASMINE CIRCLE
NAPLES, FL. 34102 US

Title: MGRM
SAINLOUITANE THEUS
800 ORANGE AVE
FORT PIERCE, FL. 34950 US

Signature of member or an authorized representative of a member

Signature: KESNEL THEUS