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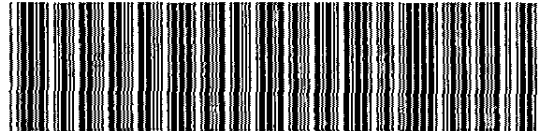
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TALLAHASSEE, FLORIDA
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CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: TRACY SPEAR

DATE: 08/30/06

REF. #: 000177.56672

CORP. NAME: SELECT MEDICAL MANAGEMENT, LLC

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TALLAHASSEE, FLORIDA

- | | | |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input checked="" type="checkbox"/> OTHER: ARTICLES OF CORRECTION | | |

STATE FEES PREPAID WITH CHECK# 518275 FOR \$ 25.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
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| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
SELECT MEDICAL MANAGEMENT, LLC

SECOND: The articles of organization or the application to transact business

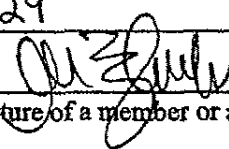
(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
The street address and the address of the registered agent was listed as 2999 N. E. 191st Street,
Suite 103, Aventura, Florida 33180. The correct street address and the correct address of the
registered agent is 2999 N. E. 191st Street, Suite 406, Aventura, Florida 33180.

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: August 29, 2006



Signature of a member or authorized representative of a member

Mark Zhuk

Typed or printed name of signer

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION OF
SELECT MEDICAL MANAGEMENT, LLC**

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

ARTICLE I — Name

The name of the limited liability company is:

SELECT MEDICAL MANAGEMENT, LLC (the "Limited Liability Company")

ARTICLE II — Address

The street address of the Limited Liability Company is 2999 N. E. 191st Street, Suite 103, Aventura, Florida 33180 and the mailing address of the Limited Liability Company is P. O. Box 802431, Aventura, Florida 33280.

ARTICLE III — Duration

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV — Management

The Limited Liability Company will be a manager-managed company.

ARTICLE V — Registered Agent

The name of the registered agent for service of process in the state shall be Mark Zhuk and the street address of the initial registered office of this Limited Liability Company in the State of Florida is 2999 N. E. 191st Street, Suite 103, Aventura, Florida 33180.

Dated: August 22, 2006.



Mark Zhuk
Authorized Signatory

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06 AUG 24 PM 2:08
CLERK OF STATE
TALLAHASSEE, FLORIDA

**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT
SELECT MEDICAL MANAGEMENT, LLC**

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent as provided for in Chapter 608, F.S.



Mark Zhuk

Dated: August 22, 2006