Electronic Articles of Organization
For
Florida Limited Liability Company

L07000047103
FILED 8:00 AM
May 03, 2007
Sec. Of State
ncausseaux

Article I

The name of the Limited Liability Company is:

NU CARE REHAB LLC

Article II

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

352 TWELVE OAKS DRIVE
WINTER SPRINGS, FL. 32708

The mailing address of the Limited Liability Company is:

352 TWELVE OAKS DRIVE
WINTER SPRINGS, FL. 32708

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:

MARIVI OLIVEROS
352 TWELVE OAKS DRIVE
WINTER SPRINGS, FL. 32708

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: MARIVI OLIVEROS

Article V

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The name and address of managing members/managers are:

Title: MGRM
MARIVI OLIVEROS
352 TWELVE OAKS DRIVE
WINTER SPRINGS, FL. 32708

Signature of member or an authorized representative of a member

Signature: EDWARD STAHLIN