

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

L07000054846  
FILED 8:00 AM  
May 23, 2007  
Sec. Of State  
Isellers

**Article I**

The name of the Limited Liability Company is:

CENTRAL FLORIDA REHABILITATION INSTITUTE, LLC

**Article II**

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

895 EAST ALTAMONTE DRIVE  
ALTAMONTE SPRINGS, FL. 32701

The mailing address of the Limited Liability Company is:

895 EAST ALTAMONTE DRIVE  
ALTAMONTE SPRINGS, FL. 32701

**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:

TIRADO-CHIODINI, PL  
1621 BARR ST.  
OVIDO, FL. 32765

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: YASMIN TIRADO-CHIODINI

### **Article V**

The name and address of managing members/managers are:

Title: MGRM  
MARGARITA CORREA, LLC  
1442 CARING COURT  
MAITLAND, FL. 32751

Title: MGRM  
ENID BERRIOS, LLC  
116 SEVILLE CHASE DR.  
WINTER SPRINGS, FL. 32708

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### **Article VI**

The effective date for this Limited Liability Company shall be:

05/23/2007

Signature of member or an authorized representative of a member

Signature: YASMIN TIRADO-CHIODINI