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LAW OFFICES
FRANK J. YONG, P.A.

4570 ST. JOHNS AVENUE, SUITE 1A
JACKSONVILLE, FLORIDA 32210

FRANK J. YONG
TRACI VENABLE, Legal Assistant

July 19, 2007

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Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Atlantic Coast Medical Rehab, LLC. and
Atlantic Coast Medical Rehab & Pain Management, LLC.

Dear Sir/Madam:

Enclosed for filing are one original and one copy of the Articles of Organization and a Certificate Designating Registered Office/Agent for each entity. Also enclosed is this firm's check in the amount of \$250.00 in payment of your filing fees for these two entities. Please return one filed copy of the Articles of Organization and Designating Registered Office/Agent for each entity to me in the envelope provided.

Thank you for your attention to this matter and please do not hesitate to contact me should you have questions.

Very truly yours,



Traci Venable
Legal Assistant

/tlv
Enclosures

**ARTICLES OF ORGANIZATION
FOR
ATLANTIC COAST MEDICAL REHAB & PAIN MANAGEMENT, LLC.**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Atlantic Coast Medical Rehab & Pain Management, LLC.

ARTICLE II - Address:

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

12187 Beach Blvd., Suite 1, Jacksonville, Florida 32246

ARTICLE III - Registered Agent:

The name and address of the registered agent of the Limited Liability Company is:

Frank J. Yong
4570 St. Johns Avenue, Suite 1A
Jacksonville, Florida 32210

ARTICLE IV - Duration:

The period of duration for the Limited Liability Company shall be:

From the date of filing this company shall exist perpetually. Its existence shall commence on the date these Articles are executed and acknowledged, except that if they are not filed by the Department of State of the State of Florida within five days, exclusive of legal holidays, after they are executed and acknowledged, corporate existence shall commence upon filing by the Department of State.

ARTICLE V - Management:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Scott Rosenstein
149 Sea Lily Lane
Ponte Vedra Beach, Florida 32082

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ARTICLE VI - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

The unanimous consent of all the Members.

ARTICLE VII - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company shall be:

If all the Members unanimously consent, the business shall continue.

ARTICLE VIII - Number of Members:

The undersigned member or authorized representative of a member of Atlantic Coast Medical Rehab & Pain Management, LLC. certifies that the above-named limited liability company has at least one member.

A handwritten signature in black ink, appearing to read "Scott Rosenstein", is written over a horizontal line.

Scott Rosenstein, Member

(In accordance with §608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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**CERTIFICATE DESIGNATING REGISTERED OFFICE AND REGISTERED
AGENT FOR THE SERVICE OF PROCESS WITHIN FLORIDA**

In compliance with Sections 608.415 or 608.507, Florida Statutes, the undersigned limited liability company submits the following statement to designate a registered office and registered agent in the State of Florida:

1. The name of the Limited Liability Company is Atlantic Coast Medical Rehab & Pain Management, LLC.
2. The name and the Florida street address of the registered agent are:

Frank J. Yong
4570 St. Johns Avenue, Suite 1A
Jacksonville, Florida 32210

Having been named as registered agent 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.



Frank J. Yong, Registered Agent

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