

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

L07000091506  
FILED 8:00 AM  
September 06, 2007  
Sec. Of State  
dcurry

**Article I**

The name of the Limited Liability Company is:  
REHAB THERAPY SOLUTIONS, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
365 WOOD DOVE AVE.  
TARPON SPRINGS, FL. 34689

The mailing address of the Limited Liability Company is:  
365 WOOD DOVE AVE.  
TARPON SPRINGS, FL. 34689

**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:  
REGINALDO P MORENO  
365 WOOD DOVE AVE  
TARPON SPRINGS, FL. 34689

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: REGINALDO P. MORENO

### **Article V**

The name and address of managing members/managers are:

Title: MGR  
REGINALDO P MORENO  
365 WOOD DOVE AVE.  
TARPON SPRINGS, FL. 34689

Title: MGR  
MAY A OUANO  
8731 MARTINIQUE LANE  
PORT RITCHEY, FL. 34668

### **Article VI**

The effective date for this Limited Liability Company shall be:

09/04/2007

Signature of member or an authorized representative of a member

Signature: FRANK NAGY

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