

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

L08000025502  
FILED 8:00 AM  
March 11, 2008  
Sec. Of State  
gmcleod

**Article I**

The name of the Limited Liability Company is:

ULTIMATECARE REHAB AND WELLNESS INSTITUTE L.L.C.

**Article II**

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

3975 VILLAGE DR. 10438 PLAZA CENTRO  
UNIT  
DELRAY BEACH, FL. US 33445

The mailing address of the Limited Liability Company is:

3975 VILLAGE DR. 10438 PLAZA CENTRO  
UNIT  
DELRAY BEACH, FL. US 33445

**Article III**

The name and Florida street address of the registered agent is:

S&S OPTIMUM REHAB & STAFFING SERVICES LLC  
3975 VILLAGE DR.  
UNIT  
DELRAY BEACH, FL. 33445

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: ELVIS E. LOPEZ

#### **Article IV**

The name and address of managing members/managers are:

Title: MGR  
S&S OPTIMUM REHAB & STAFFING SERVICES LLC  
3975 VILLAGE DR.  
DELRAY BEACH, FL. 33445 US

Title: MGR  
PHOENIX MEDISERVICES LLC  
4871 PINE MORE LANE  
LAKEWORTH, FL. 33463 US

#### **Article V**

The effective date for this Limited Liability Company shall be:

03/10/2008

Signature of member or an authorized representative of a member

Signature: ELVIS E. LOPEZ

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