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To:
 Division of Corporations
 Fax Number : (850) 617-6383

From:
 Account Name : ARLENE F. AUSTIN, P.A.
 Account Number : I200000000066
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Pediatric Therapy Intensives, LLC

Certificate of Status	1
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EXAMINER

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**ARTICLES OF ORGANIZATION OF
PEDIATRIC THERAPY INTENSIVES, LLC
A FLORIDA LIMITED LIABILITY COMPANY**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I — Name & Address

The name of the Limited Liability Company is:

PEDIATRIC THERAPY INTENSIVES, LLC

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

9330 Summer Place
Naples, FL 34109

ARTICLE II — Duration:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE III — Purpose:

The purpose for the Limited Liability Company shall be to operate a home health company and to engage in the transaction of any and all business activities permitted under the laws of Florida and the United States of America.

ARTICLE IV — Management:

The Limited Liability Company is to be managed by the members and the name and address of the initial sole managing member is:

Janice R. Justiz
9330 Summer Place
Naples, FL 34109

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ARTICLE V — 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 by consent of a majority of the members.

ARTICLE VI — 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 by consent of a majority of the members.

ARTICLE VII — Effective Date

The effective date for the formation of this company shall be on the date of filing these Articles of Organization.

ARTICLE VIII - Resident Agent

The name of the initial registered agent and the Florida street address of the registered agent and office shall be:

Arlene F. Austin
700 11th Street South, Suite 102
Naples, FL 34102

IN WITNESS WHEREOF, the undersigned has signed these Articles of Organization and acknowledged them to be her free act on this 12th day of August, 2008.


Janice R. Justiz
Member/Manager

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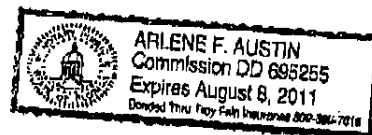
State of Florida
County of Collier

On August 12, 2008, Janice R. Justiz, [] who is personally known to me, or [XX] who produced a Florida driver's license as identification, personally appeared before me at the time of notarization, and acknowledged signing these Articles of Organization of Pediatric Therapy Intensives, LLC, a Florida Limited Liability Company for the purposes therein expressed.


Notary Public: Arlene F. Austin

Commission Expiration Date:
Commission Number:

(SEAL)



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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

**PURSUANT TO THE PROVISIONS OF SECTION 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:

PEDIATRIC THERAPY INTENSIVES, LLC

2. The name and the Florida street address of the registered agent and registered office are:

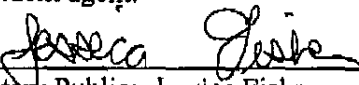
**Arlene F. Austin
700 11th Street South, Suite 102
Naples, FL 34102**

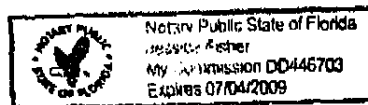
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.


Arlene F. Austin
Registered Agent

State of Florida
County of Collier

On August 12, 2008, Arlene F. Austin, designated above as the individual who shall serve as the company's initial registered agent, [XX] who is personally known to me or [] who produced a Florida driver's license as identification, personally appeared before me at the time of notarization, and acknowledged signing these Articles of Organization of Pediatric Therapy Intensives, LLC, as resident agent.


Notary Public: Jessica Fisher



(Notary Public - Printed Or Typed Name)
Commission Expiration Date & Commission Number: (SEAL)

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