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Florida Department of State
Division of Corporations
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

SELECT MEDICAL RESEARCH CENTER, L.L.C.

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December 5, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DORAL CORPORATE FILING SERVICE

SUBJECT: SELECT MEDICAL RESEARCH CENTER, L.L.C.
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Agnes Lunt
Regulatory Specialist II

FAX Aud. #: H08000267858
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P.O. BOX 6327 - Tallahassee, Florida 32314

08 DEC -5
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M 11:15**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY.****ARTICLE I - Name:**

The name of the Limited Liability Company is:

SELECT MEDICAL RESEARCH CENTER, L.L.C.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:10021 N.E. 6TH AVENUE
NORTH MIAMI BEACH, FL 33162**Mailing Address:**10021 N.E. 6TH AVENUE
NORTH MIAMI BEACH, FL 33162**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

CARMELO MADDY

Name

20020 N.W. 63 PLACEFlorida street address (P.O. Box **NOT** acceptable)**MIAMI FLORIDA, 33015**

City, State, and Zip

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 as provided for in Chapter 608, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

CARMELO MADDY
 20020 N.W. 83 PLACE
 MIAMI FLORIDA, 33015

MGR

ROSE M. AUGUSTIN
 20020 N.W. 83 PLACE
 MIAMI FLORIDA, 33015

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE

Signature of a member or an authorized representative of a member.

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

CARMELO MADDY

Typed or printed name of signer

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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