

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)617-6383

Account Name : DORAL CORPORATE FILING SERVICE

Account Number : I20070000081 Phone : (305)436-0979 Fax Number : (305)592-5575

FLORIDA/FOREIGN LIMITED LIABILITY CO.

SELECT MEDICAL RESEARCH CENTER, L.L.C.

Certificate of Status	0
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S. HAWKES DEC 0 8 2008 **EXAMINER**

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December 5, 2008

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FLORIDA DEPARTMENT OF STATE

DORAL CORPORATE FILING SERVICE Division of Corporations

SUBJECT: SELECT MEDICAL RESEARCH CENTER, L.L.C.

REF: W08000054231

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Agnes Lunt Regulatory Specialist II FAX Aud. #: H08000267858 Letter Number: 208A00059347

P.O BOX 6327 - Tallahasses, Florida 32314

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY.

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

SELECT MEDICAL RESEARCH CENTER, L.L.C.

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

ARTICLE 11 - Address:

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

Principal Office Address:

Mailing Address:

18821 N.E. 6TH AVENUE

NORTH MIAMI BEACH, FL. 33162

18821 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 so its own Registered Agent. You must designate an individual or another business entity with an active Plorids registration.)

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

CARMELO MADDY

Name

20020 N.W. 63 PLACE

Florida street address (P.O. Box NOT acceptable)

MIAMI FLORIDA, 33045

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 get in this capacity. I further agree to comply with the provisions of all statutes relating to the proper god complete performance of my duties, and I am familiar with and accept the obligations of myposition as registered agent as provided for in Chapter 608, F.S.

Registered Agent Signature (REQUIRED)

(CONTINUED)
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P. 03

"MGR" = Manager "MGRM" = Managing Member 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) CLE V: Effective date, if other than the date of filling: (Feetive date is listed, the date must be specific and cannot be more than five business days prior 10 days after the date of filling.) REQUIRED SIGNATURE Signature of a manufacture as surflortized representative of a member. (in accordance with rection 508.408(3), floride Statute, the execution of this document constitutes an affirmation under the penalties of perjury that the flats stated hereign are true.) CARMELO MADDY	(Ptate)	
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\$125.06 Filling 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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