Electronic Articles of Organization
For
Florida Limited Liability Company

L09000057466
FILED 8:00 AM
June 12, 2009
Sec. Of State
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Article I

The name of the Limited Liability Company is:

NEURO ORTHOPEDIC REHAB ASSOCIATES PLLC

Article II

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

5309 LEATHER SADDLE LANE
BROOKSVILLE, FL. US 34609

The mailing address of the Limited Liability Company is:

5309 LEATHER SADDLE LANE
BROOKSVILLE, FL. US 34609

Article III

The purpose for which this Limited Liability Company is organized is:

LICENSED MEDICAL DOCTOR

Article IV

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

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD.
SUITE A-100
TAMPA, FL. 33612

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: KARMELIA FREDRICK, US CORP. AGENTS

Article V

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The name and address of managing members/managers are:

Title: MGRM
KATIA G SANTOS
5309 LEATHER SADDLE LANE
BROOKSVILLE, FL. 34609 US

Signature of member or an authorized representative of a member

Signature: KATIA G. SANTOS