

L090000075613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

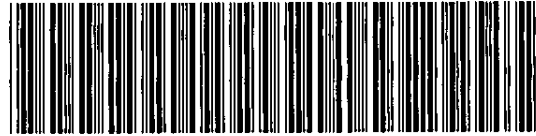
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000159187660

08/07/09--01001--005 **125.00

RECEIVED

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2009 AUG -6 PM 3:51

NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED

09 AUG -6 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

AUG - 7 2009

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 08/06/09

REF. #: 000177.108698

CORP. NAME: SELECT MEDICAL GROUP OF OHIO, LLC

FILED
09 AUG - 6 AM 8:45
TALLAHASSEE, FLORIDA

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 531287 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION OF
SELECT MEDICAL GROUP OF OHIO, LLC**

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

ARTICLE I — Name

The name of the Limited Liability Company is:

SELECT MEDICAL GROUP OF OHIO, LLC (the "Company")

ARTICLE II — Address

The mailing address of the Company is 2999 N. E. 191st Street, Suite 406, Aventura, Florida 33180, and the street address of the Company is 4400 Rockside Road, #1100, Independence, Ohio 44131.

ARTICLE III — Duration

The period of duration for the Company shall be perpetual.

ARTICLE IV — Management

The Company will be a member-managed company.

ARTICLE V — Registered Agent

The name of the registered agent for service of process in the state shall be Cathy Fara and the street address of the initial registered office of the Company in the State of Florida is 2999 N. E. 191st Street, Suite 406, Miami Beach, Florida 33140.

Dated: August 5, 2009.

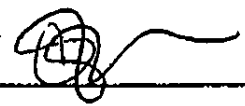


Cathy Fara
Authorized Signatory

FILED
09 AUG -6 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT
SELECT MEDICAL GROUP OF OHIO, LLC**

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent as provided for in Chapter 608, F.S.



Cathy Fara

Dated: August 5, 2009