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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Romain Rehabilitation Center, PLLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION
OF
Romain Rehabilitation Center, PLLC**

ARTICLE I NAME

The name of the limited liability company shall be: Romain Rehabilitation Center, PLLC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be:
11835 Nw 13th St., Pembroke Pines, Florida 33026.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Business Filings Incorporated, 1203
Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in the County of
Leon.

ARTICLE IV ACTIVITY

The specific business activity of the Limited Liability Company is: Physical therapy rehab services
for post surgical, injuries, functional decline, balance and gait impairments.

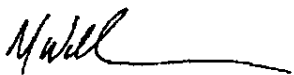
ARTICLE V DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE VI MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and
address of the member of the Limited Liability Company is:

Guy Romain, 11835 Nw 13th St., Pembroke Pines, Florida 33026


Business Filings Incorporated, Organizer
Mark Williams, A.V.P.
Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,
WI 53717
(608) 827-5300

Date: October 5, 2009

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CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE
UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE
REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Romain Rehabilitation Center, PLLC

The name and address of the registered agent and office is Business Filings Incorporated, 1203
Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in the County of
Leon.

Having been named as registered agent and to accept service of process for the above stated
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.

Signature: _____

Mark Williams, A.V.P. Business Filings Incorporated

Date: October 5, 2009

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