Electronic Articles of Organization
For
Florida Limited Liability Company

L10000000664
FILED 8:00 AM
January 04, 2010
Sec. Of State
gmcleod

Article I

The name of the Limited Liability Company is:

NORTH MIAMI MEDICAL INJURY REHAB LLC

Article II

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

2050 NE 163 STREET
2ND FLOOR
NORTH MIAMI BEACH, FL. 33162

The mailing address of the Limited Liability Company is:

P.O. BOX 6455
WEST PALM BEACH, FL. 33405

Article III

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

ANY AND ALL LAWFUL BUSINESS.

Article IV

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

RAFAEL FOSS
4212 NORTHLAKE BLVD
PALM BEACH GARDENS, FL. 33410

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: RAFAEL FOSS

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Article V

The name and address of managing members/managers are:

Title: MGR
RAFAEL FOSS
4212 NORTHLAKE BLVD
PALM BEACH GARDENS, FL. 33410

Title: MGR
TONY ALVAREZ
3330 NE 190 STREET 2217
AVENTURA, FL. 33180

Article VI

The effective date for this Limited Liability Company shall be:

01/01/2010

Signature of member or an authorized representative of a member

Signature: RAFAEL FOSS