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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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FLORIDA LIMITED LIABILITY CO.
LOS ANGELES DIAGNOSTIC & REHABILITATION CENTERS
LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

A. LUNT

APR 13 2010

EXAMINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LOS ANGELES Diagnostic & Rehabilitation CENTERS LLC
(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

5200 SW 8 ST.
MIAMI FL 33135

Mailing Address:

45 PONCE D'LEON BLVD.
MIAMI FL 33135

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

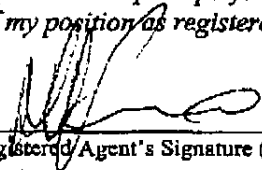
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

MILAYDA VIMO.
Name
45 PONCE D'LEON BLVD.
Florida street address (P.O. Box NOT acceptable)
MIAMI FL 33135
City, State, and Zip

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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 as provided for in Chapter 608, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

H10000082734

H10000082734

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRMMILAYDA VIMO45 PONCE D'LEON BLVDMIAMI FL 33135MGRLIZBET GOMEZ45 PONCE D'LEON BLVDMIAMI FL 33135SECRETARY OF STATE
TALLAHASSEE, FLORIDA

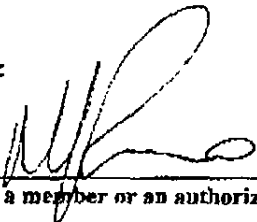
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MILAYDA VIMO

Typed or printed name of signee

Filing Fees:\$125.00 Filing 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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