Electronic Articles of Organization
For
Florida Limited Liability Company

L10000057318
FILED 8:00 AM
May 27, 2010
Sec. Of State
tcline

Article I

The name of the Limited Liability Company is:

WEST COUNTY REGIONAL REHAB CENTER, LLC

Article II

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

24641 US HWY 19 NORTH
CLEARWATER, FL. US 33763

The mailing address of the Limited Liability Company is:

24641 US HWY 19 NORTH
CLEARWATER, FL. US 33763

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:

JOSE B SEDA
24641 US HWY 19 NORTH
CLEARWATER, FL. 33763

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: JOSE SEDA

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Article V

The name and address of managing members/managers are:

Title: MGRM
BEN ATKINS
24641 US HWY 19 NORTH
CLEARWATER, FL. 33763 US

Title: MGRM
JOSEPH A GARFF
24641 US HWY 19 NORTH
CLEARWATER, FL. 33763 US

Title: MGR
MARYA MORRISON
24641 US HWY 19 NORTH
CLEARWATER, FL. 33763 US

Article VI

The effective date for this Limited Liability Company shall be:

05/27/2010

Signature of member or an authorized representative of a member

Signature: BEN ATKINS