Electronic Articles of Organization
For
Florida Limited Liability Company

L10000105038
FILED 8:00 AM
October 07, 2010
Sec. Of State
ncausseaux

Article I

The name of the Limited Liability Company is:

POST ACUTE CARE SPECIALIST, LLC

Article II

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

2180 WEST STATE ROAD 434
SUITE 2104
LONGWOOD, FL. 32779

The mailing address of the Limited Liability Company is:

2180 WEST STATE ROAD 434
SUITE 2104
LONGWOOD, FL. 32779

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:

SHAWNA OWENS
2180 WEST STATE ROAD 434
SUITE 2110
LONGWOOD, FL. 32779

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: SHAWNA OWENS

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Article V

The name and address of managing members/managers are:

Title: NMGR
SHAWNA OWENS
2180 WEST STATE ROAD 434, SUITE 2104
LONGWOOD, FL. 32779

Article VI

The effective date for this Limited Liability Company shall be:

10/01/2010

Signature of member or an authorized representative of a member

Signature: SHAWNA OWENS