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FLORIDA LIMITED LIABILITY CO.

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SECRETARY OF STATE
DIVISION OF CORPORATION

### ARTICLES OF ORGANIZATION OF

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#### BROOKS HALIFAX REHABILITATION SERVICES, LLC

These Articles of Organization are submitted for the purpose of forming a limited liability company pursuant to the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, as the same may from time to time be amended (the "Act").

#### ARTICLE I NAME

The name of the limited liability company (the "Company") is: BROOKS HALIFAX REHABILITATION SERVICES, LLC.

# ARTICLE II ADDRESSES

The initial mailing address and street address of the Company is 3599 University Boulevard, South, Jacksonville, Florida 32216.

#### ARTICLE III REGISTERED AGENT

The name of the initial registered agent of the Company is Robert H. Pritchard, whose street address is 1301 Riverplace Boulevard, Suite 1500, Jacksonville, Florida 32207.

## ARTICLE IV MANAGEMENT

The Company is to be managed by one or more managers and is, therefore, a manager-managed company.

#### ARTICLE V LIMITED LIABILITY

Except as otherwise expressly provided by the Act, no member, manager, officer, agent or employee of the Company shall be personally liable for the debts, obligations or liabilities of the Company, whether arising in contract, tort or otherwise, or for the acts or omissions of any other member, manager, officer, agent or employee of the Company.

IN WITNESS WHEREOF, the undersigned, being an authorized representative of a Member of the Company, has executed these Articles of Organization this <u>3-1</u> day of October, 2010. 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.

Robert H. Pritchard,

Authorized Representative

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned limited liability company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the limited liability company is:

#### BROOKS HALIFAX REHABILITATION SERVICES, LLC

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

ROBERT H. PRITCHARD
1301 RIVERPLACE BOULEVARD, SUITE 1500
JACKSONVILLE, FLORIDA 32207

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.

Dated: October 341, 2010

Signature of Registered Agent

Robert H. Pritchard

10 OCT -8 AM 8: 12