

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L16000160207
FILED 8:00 AM
August 26, 2016
Sec. Of State
nculligan

Article I

The name of the Limited Liability Company is:

SUPERIOR CARE REHAB, LLC

Article II

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

400 8TH ST N
NAPLES, FL. 34102

The mailing address of the Limited Liability Company is:

1065 DIANA AVE.
NAPLES, . 34103

Article III

Other provisions, if any:

PHYSICAL THERAPY OUTPATIENT PRACTICE

Article IV

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

DIANA L ESCOBER
1065 DIANA AVE.
NAPLES, FL. 34103

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: DIANA ESCOBER

Article V

The name and address of person(s) authorized to manage LLC:

Title: AR
DIANA L ESCOBER
1065 DIANA AVE.
NAPLES, FL. 34103

Title: AR
SCOTT T HICKS
4490 BEECHWOOD LAKE DR.
NAPLES, FL. 34112

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Article VI

The effective date for this Limited Liability Company shall be:

08/25/2016

Signature of member or an authorized representative

Electronic Signature: DIANA ESCOBER

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.