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NAME:	REHAB DYNAMIC	ls, I	LLC	,		
XXXX QUALIFIC	ATION (TYPE: <u>I</u>	<u>.L</u> )				
PLEASE RETURN	THE FOLLOWING AS	3 PR	OOF OF FI	LING:		
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CONTACT PERSON	N: Denise Mick -				-	
		J	EXAMINER:		··	

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LUBILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

<ol> <li>Rehab Dynamic</li> </ol>	cs, LLC		•	
	(Name of Foreign Lin	nited Li	bility Company)	79 8
2. Delaware		3		
(Jurisdiction und company is organ	ler the law of which foreign limited liab nized)	oility .	(FEI number, if applications	able) FEB
4. May 24, 1999		5	Perpetual	
(1	Date of Organization)	٥,	(Duration: Year limited liability correxist or "perpetual")	ipany will cease to
6. N/A				
	(Date first transacted business (See sections 608.501 & 608.50	in Flor 2 FS. t	da, if prior to registration.) o determine penalty liability)	7
7. Three Mill Roa	ad, Suite 200			
Wilmington, D	DE 19806-2147		4	_
	(Street Ad	dress of	Principal Office)	
8. If limited liab	bility company is a manager-man	aged c	ompany, check here 🔽	
9. The name and	d usual business addresses of the	manag	ring members or managers are as	follows:
Stephen Silver	r, Three Mill Road, Suite 200, Wilming	ton, DE	19806-2147	
Ronald Schafe	er, Three Mill Road, Suite 200, Wilmin	gton, D	E 19806-2147	
<del></del>				
	rigiñal certificate of existence, no more tha er the law of which it is organized. (A pho			
	rtificate under oath of the translator must b			अन्यक्षा आक्षास्त्रहे <b>ं</b> य
			•	
11. Nature of bu	usiness or purposes to be conduct	ted or p	romoted in Florida:	
contract physica	al rehabilitation services		•	was -
		>	-	
	Signature of a member or	an auth	orized representative of a member	<del>_</del>
	(In accordance with section 608.408	8(3), F.S	, the execution of this document constitutes	ul. I
	an affirmation under the penalties of Daryl Dixon	or perjur	that the facts stated herein are true)	
		inted r	ame of signee	<del>-</del>

## 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.

Rehab Dynam	ics, LLC		
2. The name	and the Florida street addr	ess of the registered agent and office are:	_
	Corporation Service Compa	any	
		(Name)	<del>-</del>
	1201 Hays Street		_
	Florida Street	Address (PO Box NOT ACCEPTABLE)	
	Tallahassee	FL 32301	_
		City/State/Zip	<del></del>

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, Florida Statutes.

Corporation Service Company

By: Tabatha Mully, ASST UP
(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

PAGE

## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "REHAB DYNAMICS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF FEBRUARY, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "REHAB DYNAMICS LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF MAY, A.D. 1999.



Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4507938

DATE: 02-08-06