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To: Division of Corporations
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From: Account Name : RUDEN, MCCLOSKY, SMITH, SCHUSTER & RUSSELL, P.A.
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LIMITED LIABILITY COMPANY

Injury Rehabilitation Specialists, LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

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[Signature]

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**ARTICLES OF ORGANIZATION
OF
INJURY REHABILITATION SPECIALISTS, LLC**

The undersigned member hereby makes, subscribes, and files these Articles of Organization for the purpose of forming a limited liability company under the Florida Limited Liability Company Act:

1. Name. The name of the limited liability company is Injury Rehabilitation Specialists, LLC.
2. Duration. The period of duration of the limited liability company is perpetual.
3. Principal Office. The mailing address and the street address of the principal office of the limited liability company is 3611 W. Hillsborough Avenue, Suite 210, Tampa, Florida 33614.
4. Registered Agent and Office. The name and address of its initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is Corporation Service Company, of 1201 Hays St., Tallahassee, Florida 32301.
5. Admission of Additional Members. Additional Members will be admitted only upon such terms as are agreed to by all Members and set forth in the Regulations and Operating Agreement of Injury Rehabilitation Specialists, LLC.
6. Continuity; No Right to Distribution on Withdrawal. The remaining Members of the limited liability company will have the right to continue the business upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member or occurrence of any other event that terminates the continued membership of a Member in this limited liability company. No Member shall be entitled to receive a return of capital or other distribution upon withdrawal from this limited liability company or otherwise, except as otherwise provided in the Regulations of this limited liability company.

DATED this 18 day of July, 2003.

By: [Signature]
Print Name: Vadim Pinhasov (Sim)
Title: President


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**CERTIFICATE OF DESIGNATION AND
ACCEPTANCE OF REGISTERED AGENT**

Having been named Registered Agent and designated to accept service of process for Injury Rehabilitation Specialists, LLC, at 526 E. Park Avenue, Tallahassee, Florida 32301, and being familiar with the obligations of such position, NRAI Services, Inc. hereby agrees to act in this capacity, and further agrees to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

DATED this 22nd day of July, 2003.

By: 
Print Name: Anthony J. Alexander
Title: Assistant Secretary

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