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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
Phone : (813)229-7600
Fax Number : (813)229-1660

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

LIFE FORCE OF TAMPA, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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J. BRYAN

JUN 18 2009

EXAMINER

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**ARTICLES OF ORGANIZATION
LIFE FORCE OF TAMPA, LLC**

ARTICLE I - Name:

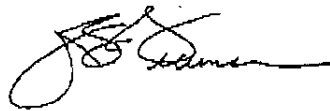
The name of the Limited Liability Company is LIFE FORCE OF TAMPA, LLC.

ARTICLE II - Address:

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

4125 Gunn Highway, Suite B1
Tampa, Florida 33618

IN WITNESS WHEREOF, I have signed these Articles of Organization as a Member, or an authorized representative of a Member and acknowledged them to be my act this 16th day of June, 2009.



Signature of a Member, or an Authorized Representative of a Member.

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(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.)

Jeffrey L. Greenacre
Typed or printed name of signer

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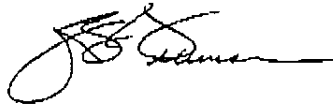
CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, 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 LIFE FORCE OF TAMPA, LLC.
2. The name and the Florida street address of the Registered Agent are:

Jeffrey Greenacre
4131 Gunn Highway
Tampa, Florida 33618

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.



Jeffrey L. Greenacre
Registered Agent

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