

Division of Corporations

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## LIMITED LIABILITY COMPANY

## ABSOLUTE THERAPY, LLC

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
OF  
ABSOLUTE THERAPY, LLC  
A FLORIDA LIMITED LIABILITY COMPANY**

The undersigned, in forming a Florida Limited Liability Company ("Company") under the Florida Limited Liability Company Act, Chapter 608 of the Florida Statutes, hereby adopt the following Articles of Organization for such Company:

**ARTICLE I**

**NAME**

The name of the Company is ABSOLUTE THERAPY, LLC.

**ARTICLE II**

**ADDRESS**

The mailing address of the Company is P.O. Box 5208, Fort Lauderdale, Florida 33310 and the street address of the principal office of the Company is 3501 South University Drive, Suite 3, Davie, Florida 33328.

**ARTICLE III**

**INITIAL REGISTERED AGENT AND REGISTERED OFFICE**

The name and street address of the initial Registered Agent of the Company is Leonard K. Samuels, 350 East Las Olas Boulevard, Suite 1000, Fort Lauderdale, Florida 33301.

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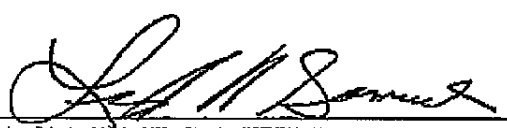
ARTICLE IVMANAGEMENT

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

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.

Date: September 12, 2002  
LEONARD K. SAMUELS, Authorized  
RepresentativeACCEPTANCE OF DESIGNATION AS REGISTERED AGENT

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.

Date: September 12, 2002  
LEONARD K. SAMUELS,  
Initial Registered Agent

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