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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CareTherapy of the Treasure Coast, L.L.C.
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Susan T. McCaskill

(Name of Person)

Mobile Medical Industries, Inc.

(Firm/Company)

6120 Payne Stewart Drive

(Address)

Windermere, FL 34786-8936

(City/State and Zip Code)

For further information concerning this matter, please call:

Susan T. McCaskill

(Name of Person)

at (407) 909-1087

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY
OF
CARETHERAPY OF THE TREASURE COAST, L.L.C.**

ARTICLE I – Name:

The name of the Limited Liability Company is: CareTherapy of the Treasure Coast, L.L.C.

ARTICLE II – Address:

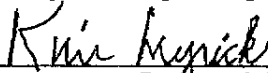
The mailing address and street address of the principal office of the Limited Liability Company is: 2500 Quantum Lakes Drive, Suite 108, Boynton Beach, Florida 33426.

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

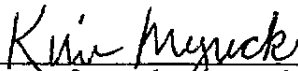
The name and the Florida street address for the registered agent are:

Kim Myrick
Mobile Medical Industries, Inc.
2500 Quantum Lakes Drive, Suite 108
Boynton Beach, FL 33426.

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.F.S.



Registered Agent's Signature



Signature of a member or an authorized representative of a member

(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.)

Mobile Medical Industries, Inc., Member
By: Kim Myrick, Secretary/Treasurer
Typed or printed name of signee

FILING FEES:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS