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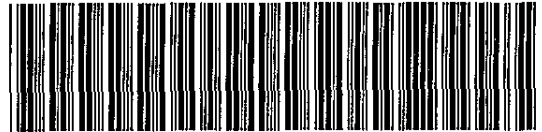
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SEAL OF THE
TALLAHASSEE, FLORIDA

03 AUG 13 PM 12:24

FILED

Marc R. Edelman, Esq.
4301 W. Granada Street
Tampa, FL 33629
813.289.6518

August 8, 2003

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


Dear Sir or Madam,

Enclosed please find Articles of Organization for Florida Limited Liability Companies for Neurological Associates of Florida, LLC. A check in the amount of \$130 for filing fees, registered agent fees and a certificate of status is enclosed.

If you have any questions or require additional information, I may be reached during business hours at 813.289.6518 or 813.966.6568. My fax number is 813.287.5757.

Thank you very much for your assistance and prompt attention to this matter.

Sincerely,


Marc R. Edelman, Esq.
FL Bar # 0096342

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TALLAHASSEE, FLORIDA

Articles of Organization for Florida Limited Liability Company

Article I:

Name

The name of the Limited Liability Company is **NEUROLOGICAL ASSOCIATES OF FLORIDA, LLC**.

Article II:

Address

The mailing address and street address of the principal office of NEUROLOGICAL ASSOCIATES OF FLORIDA, LLC is:

NEUROLOGICAL ASSOCIATES OF FLORIDA, LLC

Street address: 2202 N. West Shore Blvd. #200 Tampa, FL 33607

NEUROLOGICAL ASSOCIATES OF FLORIDA, LLC

Mailing address: 2202 N. West Shore Blvd. #200 Tampa, FL 33607

Article III:

Duration

The period of duration for NEUROLOGICAL ASSOCIATES OF FLORIDA, LLC shall be perpetual.

Article IV:

Management

The Limited Liability Company is to be managed by the members, and the names and addresses of the members are:

Samuel D. Kates

2202 N. West Shore Blvd., #200 Tampa, FL 33607

Article V:

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TAMPA, FLORIDA
CLERK OF DISTRICT COURT

Additional Members

The right of the members to admit additional members and the terms and conditions of the admission shall be:

Remaining members shall have the right to admit additional members upon termination of any of the current memberships caused by death, or any other cause of termination.

Article VI: *Continuation of Business*

The right of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

Remaining members shall have the right to continue business of NEUROLOGICAL ASSOCIATES OF FLORIDA, LLC upon any termination of any of the current memberships.

Article VII: *Transferability of Interest*

The right of the members of the limited liability company to transfer their interest in the limited liability company and confer upon the transferee all of the attributes of the member's interest in the limited liability company is prohibited without the express consent of the other members. In the event of death, the transferor may transfer his interest.

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AUG 13 PM 12:25
CLERK OF DISTRICT COURT
ALACHUA COUNTY, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED COMPANY, ORGANIZED UNDER THE LAW OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA:

1. The name of the limited liability company is:

NEUROLOGICAL ASSOCIATES OF FLORIDA, LLC

2. The name and address of the registered agent and office is:

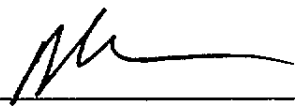
Marc R. Edelman
4301 W. Granada Street
Tampa, FL 33629

TALLAHASSEE, FLORIDA

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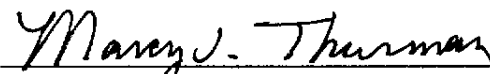
Having been named as registered agent and to accept service of process for the above-stated limited company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. Further, I agree to comply with the provisions of all statutes 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.

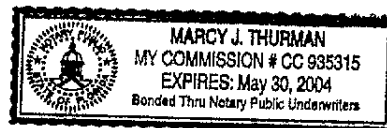

(Signature)

8/8/03
(Date)

Sworn and subscribed to before me on

this 8th day of August, 2003.


Notary Public, State of Florida
My Commission Expires:



Personally known
Produced Identification
Type of Identification Produced:

