L04000029570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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04 APR 15 PM 4:26
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 570366 9534A

AUTHORIZATION : Patricia Piggott

COST LIMIT : $ 155.00

ORDER DATE : April 15, 2004

ORDER TIME : 2:09 PM

ORDER NO. : 570366-005

CUSTOMER NO: 9534A

CUSTOMER: Ms. Nancy M. Marchitello
Robert M. Arlen, P.a.

Suite 330
110 E. Atlantic Avenue
Delray Beach, FL 33444

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TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: THERAPEUTIC INSIGHTS, LLC

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 2956

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR
THERAPEUTIC INSIGHTS, LLC
A FLORIDA LIMITED LIABILITY COMPANY

The undersigned as Attorney-in-Fact and authorized representative of the member of THERAPEUTIC INSIGHTS, LLC does hereby execute these Articles of Organization and would state:

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TALLAHASSEE, FLORIDA

ARTICLE I - Name:
The name of the Limited Liability Company is:

THERAPEUTIC INSIGHTS, LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

8185 Carlton Road
Ft. Pierce, FL 34998

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

Robert M. Arlen
Robert M. Arlen, PA
110 E. Atlantic Avenue
Suite 330
Delray Beach, FL 33444

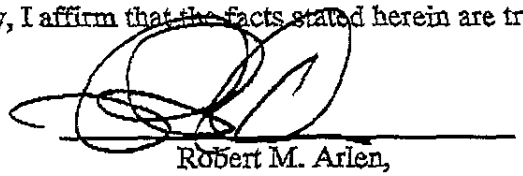
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all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

Robert M. Arlen, Registered Agent

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of the Managing Member is as follows:

Title	Name and Address:
MGRM	Kimberly A. Lamb 8185 Carlton Road Ft. Pierce, FL 34998

Under penalties of perjury, I affirm that the facts stated herein are true.



Robert M. Arlen,
authorized representative of the sole member