

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L04000032880
FILED 8:00 AM
April 30, 2004
Sec. Of State
tcline**

Article I

The name of the Limited Liability Company is:
INTEGRATED THERAPY SOLUTIONS, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
5189 CEDAR HAMMOCK LANE
SARASOTA, FL. 34232

The mailing address of the Limited Liability Company is:
5189 CEDAR HAMMOCK LANE
SARASOTA, FL. 34232

Article III

The purpose for which this Limited Liability Company is organized is:
THIS WILL BE A PRIVATE PRACTICE PROVIDING EARLY
INTERVENTION AND REHABILITATION THERAPY SERVICES TO THE
PUBLIC.

Article IV

The name and Florida street address of the registered agent is:
ANA L OLIVA
5189 CEDAR HAMMOCK LANE
SARASOTA, FL. 34232

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.

Registered Agent Signature: ANA LIA OLIVA

Article V

The name and address of managing members/managers are:

Title: MGR
ANA L OLIVA
5189 CEDAR HAMMOCK LANE
SARASOTA, FL. 34232

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Article VI

The effective date for this Limited Liability Company shall be:

04/30/2004

Signature of member or an authorized representative of a member

Signature: ANA LIA OLIVA