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DATE: 05-03-04

NAME: LASERSCOPIC DIAGNOSTIC IMAGING AND PHYSICAL THERAPY, LLC

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AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

**ARTICLES OF ORGANIZATION
OF
LASERSCOPIC DIAGNOSTIC IMAGING AND PHYSICAL THERAPY, LLC
(A Florida Limited Liability Company)**

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TALLAHASSEE, FLORIDA

The undersigned, being authorized to execute and file these Articles of Organization hereby certifies that:

**ARTICLE I
NAME**

The name of the limited liability company (hereinafter referred to as the "Company") is LASERSCOPIC DIAGNOSTIC IMAGING AND PHYSICAL THERAPY, LLC.

**ARTICLE II
ADDRESS**

The mailing address and street address of the principal office of the Company is:

308 Wallick Drive
Cotter, Arkansas 72626-9783

**ARTICLE III
REGISTERED AGENT**

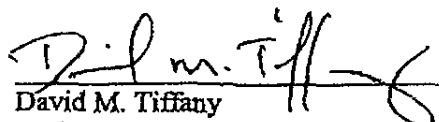
The name and the Florida street address of the initial registered agent are:

James S. St. Louis, M.D.
1212 Ario Dr.
Pensacola Beach, FL 32561

**ARTICLE IV
LIMITATION ON AGENCY AUTHORITY OF MEMBERS**

Pursuant to Section 608.4235 of the Florida Limited Company Act, no member of the Company shall be an agent of the Company solely by virtue of being a member.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 30th day of April, 2004.


David M. Tiffany
Authorized Representative

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is LASERSCOPIC DIAGNOSTIC IMAGING AND PHYSICAL THERAPY, LLC.

2. The name and the Florida street address of the registered agent and registered office are:

James S. St. Louis, M.D.
1212 Arco Dr.
Pensacola Beach, FL 32561

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.


James S. St. Louis, M.D.