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Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, Fl 32399

To Whom It May Concern:

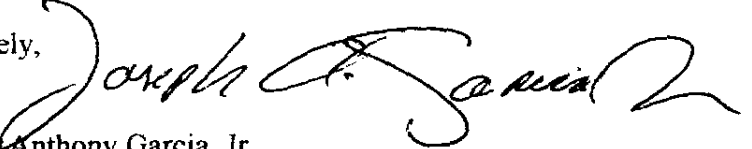
Enclosed please find two signed copies of the Articles of Organization for Thera Healthcare Systems, LLC for filing with your Division.

Also enclosed is a check for \$160 to cover the filing fee, a certified copy of the Articles and a Certificate of Status.

My contact information is as follows:

Joseph Anthony Garcia, Jr.
302 Lake Daisy Loop
Winter Haven, Fl 33884-2568
863-651-9377

Sincerely,


Joseph Anthony Garcia, Jr.

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ARTICLES OF ORGANIZATION
OF
THERA HEALTHCARE SYSTEMS, LLC

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: THERA HEALTHCARE SYSTEMS, LLC.

ARTICLE II – Address

The mailing address and the street address of the principal office of the Company is: 302 Lake Daisy Loop, Winter Haven, Florida 33884-2568.

ARTICLE III – Registered Agent

The name and street address of the Company’s initial registered agent for service of process in the State of Florida is: Joseph Anthony Garcia, 302 Lake Daisy Loop, Winter Haven, Florida 33884-2568.

ARTICLE IV – Time of Formation

Pursuant to Florida Statutes Section 608.409 (2), the effective time and date of commencement of the Company’s existence shall be the time and date these Articles of Organization are filed with the Florida Secretary of State.

ARTICLE V – Management

The Company is to be managed by the following members:

<u>Name and Address</u>	<u>Title</u>
Joseph Anthony Garcia, Jr. 302 Lake Daisy Loop Winter Haven, Florida 33884-2568	Managing Member
Donald Robert Padget 2970 Coral Strip Parkway Gulf Breeze, Florida 32563	Managing Member

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ARTICLE VI – Limitation on Agency Authority of Members

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


IN WITNESS WHEREOF, the undersigned, JOSEPH ANTHONY GARCIA, Jr., states, under penalties of perjury, that (i) he is a member of THERA HEALTHCARE SYSTEMS, LLC, (ii) the facts stated in these Articles of Organization are true, (iii) he has been duly authorized to sign and file these Articles of Organization as representative on behalf of THERA HEALTHCARE SYSTEMS, LLC, and (iv) he has signed these Articles of Organization and acknowledged them to be his act on this 15th day of October, 2004.


Joseph Anthony Garcia, Jr.

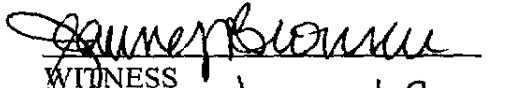
STATE OF FLORIDA
COUNTY OF SANTA ROSA


I, the undersigned notary public for said state and county, state that these Articles of Organization of THERA HEALTHCARE SYSTEMS, LLC were signed and acknowledged before me this 15th day of October, 2004, by JOSEPH ANTHONY GARCIA, Jr. who is personally known to me and who did take an oath.

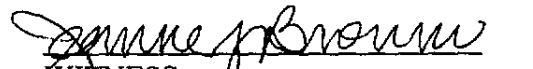




NOTARY PUBLIC


IN WITNESS WHEREOF, we, who constitute all of the members of THERA HEALTHCARE SYSTEMS, LLC, have signed these Articles of Organization to signify our approval of them.

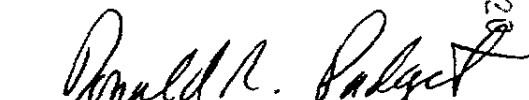

WITNESS
Printed Name: Jeanne J. Brown


WITNESS
Printed Name: Kathleen A. Durbin


WITNESS
Printed Name: Jeanne J. Brown


WITNESS
Printed Name: Kathleen A. Durbin


(1) JOSEPH ANTHONY GARCIA, Jr.
Date: 10.15.04


(2) DONALD ROBERT PADGETT
Date: 10/15/04

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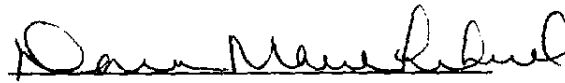
WRITTEN STATEMENT OF INITIAL REGISTERED AGENT

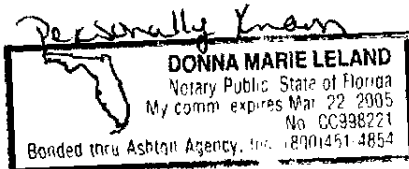
Pursuant to Florida Statutes Section 608.407 (c) and 608.415, I, JOSEPH ANTHONY GARCIA Jr., state that (i) I accept the appointment as registered agent of THERA HEALTHCARE SYSTEMS, LLC, and (ii) I am familiar with, and accept, the obligations of the position of said registered agent as provided for in Chapter 608 of the Florida Statutes.


JOSEPH ANTHONY GARCIA, Jr.

STATE OF FLORIDA
COUNTY OF SANTA ROSA

I, the undersigned notary public for said state and county, state that the foregoing Written Statement of Initial Registered Agent was signed and acknowledged before me this 15th day of October, 2004, by JOSEPH ANTHONY GARCIA, Jr., who is personally known to me and who did take an oath.


NOTARY PUBLIC



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