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Florida Department of State
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From:

Account Name : GRIMES, GOEBEL, GRIMES & HAWKINS, P.A.
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Collison Care of Palmetto, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION OF
COLLISION CARE OF PALMETTO, LLC
a Limited Liability Company**

ARTICLE I

Name

The name of the limited liability company ("Company") is COLLISION CARE OF PALMETTO, LLC.

ARTICLE II

Address

The mailing address of the Company is 3116 C West Montgomery Road, PMB #305, Maineville, Ohio 45039. The street address of the Company's principal office is 2200 Highway 301 North, Palmetto, Florida 34221.

ARTICLE III

Duration

The period of duration of the Company is perpetual, beginning on the date these Articles of Organization are filed by the Florida Department of State.

ARTICLE IV

Registered Agent and Office

The name of the Company's initial registered agent in Florida is DAVID P. HOUSTETTER. The address of the Company's registered agent is 1023 MANATEE AVE. WEST, BENDON FL 34205, Florida.

ARTICLE V

Management

The Company is a Member-managed company. The Members are identified as follows:

Deborah Tighe
Gregory M. Theobald
Steven G. Theobald

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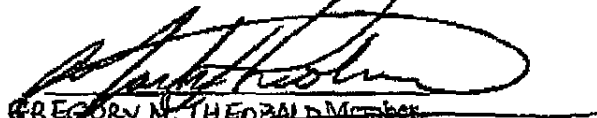
ARTICLE VI**Admission of New Members**

Members of the Company have the right to admit new members. Additional members may be admitted only on the unanimous written consent of the existing members, and the existing members shall determine the amount and nature of contributions by new members at the time the new members are admitted.

ARTICLE VII

The remaining members of the Company have the right 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 Company.

IN WITNESS WHEREOF, I have executed these Articles of Organization on this 7th day of December, 2004.


GREGORY N. THEOBALD Member

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**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.

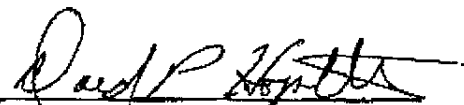
1. The name of the Limited Liability Company is COLLISION CARE OF PALMETTO, LLC.

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

DAVID P. HOPSTETTER 34205
1023 MANATEE AVE WEST, BRADENTON, FL, Florida.

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, Florida Statutes.

Dated: Dec 7, 2004.


DAVID P. HOPSTETTER, Registered Agent

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