

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

**L05000004842
FILED 8:00 AM
January 18, 2005
Sec. Of State
mthomas**

Article I

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

Article II

The street address of the principal office of the Limited Liability Company is:
692 BARRINGTON CIRCLE
WINTER SPRINGS, FL. US 32708

The mailing address of the Limited Liability Company is:
692 BARRINGTON CIRCLE
WINTER SPRINGS, FL. US 32708

Article III

The purpose for which this Limited Liability Company is organized is:
FOR ANY AND ALL LAWFUL PURPOSES. INCLUDING PHYSICAL,
OCCUPATIONAL, AND SPEECH THERAPY SERVICES FOR CHILDREN AND
ADULTS.

Article IV

The name and Florida street address of the registered agent is:
HEIDI Z GOFF
692 BARRINGTON CIRCLE
WINTER SPRINGS, FL. 32708

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: HEIDI Z GOFF

Article V

The name and address of managing members/managers are:

Title: MGR
HEIDI Z GOFF
692 BARRINGTON CIRCLE
WINTER SPRINGS, FL. 32708 US

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Article VI

The effective date for this Limited Liability Company shall be:

01/12/2005

Signature of member or an authorized representative of a member

Signature: HEIDI Z GOFF