

L05000005039

450 South Main Street  
La Belle, Florida 33935

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

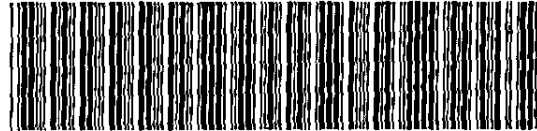
(Business Entity Name)

(Document Number)

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2005 FEB 25 PM 2:30  
TALLAHASSEE, FLORIDA

J. BRYAN FEB 28 2005

**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is:  
Therapedix, LLC

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

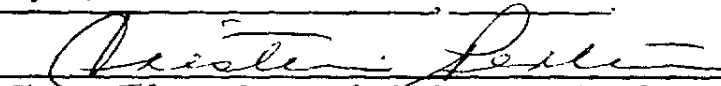
- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Article V should not show Luis Duluc as MGRM but should  
show Cristina Pertierra and Margarita Grishkoff as MGRMs because Luis Duluc  
is not being granted ownership in this entity.

**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction is as follows:

Dated: February 16, 2005

  
Signature of a member or authorized representative of a member

Cristina Pertierra

Typed or printed name of signee

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

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

L05000005039  
FILED 8:00 AM  
January 18, 2005  
Sec. Of State  
alunt

**Article I**

The name of the Limited Liability Company is:  
THERAPEDIX, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
450 SOUTH MAIN STREET  
LABELLE, FL. 33935

The mailing address of the Limited Liability Company is:  
450 SOUTH MAIN STREET  
LABELLE, FL. 33935

**Article III**

The purpose for which this Limited Liability Company is organized is:  
ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:  
MARGARITA M GRISHKOFF  
450 SOUTH MAIN STREET  
LABELLE, FL. 33935

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: MARGARITA M. GRISHKOFF

2005 FEB 25 PM 2:30  
TALLAHASSEE, FLORIDA

### Article V

The name and address of managing members/managers are:

Title: MGRM  
LUIS M DULUC  
450 SOUTH MAIN STREET  
LABELLE, FL. 33935

Title: MGRM  
CRISTINA PENTIERRA  
450 SOUTH MAIN STREET  
LABELLE, FL. 33935

Title: MGRM  
MARGARITA M GRISHKOFF  
450 SOUTH MAIN STREET  
LABELLE, FL. 33935

Signature of member or an authorized representative of a member

Signature: MARGARITA M. GRISHKOFF

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2006 FEB 25 PM 2:30  
ALLAHSSEE, FLORIDA