

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

L05000015772
FILED 8:00 AM
February 15, 2005
Sec. Of State
jbryan

Article I

The name of the Limited Liability Company is:

INTERCOASTAL ORTHOTICS & PROSTHETICS LLC

Article II

The street address of the principal office of the Limited Liability Company is:

602 INDIAN RIVER BLVD.
SUITE 4
EDGEWATER, FL. US 32141

The mailing address of the Limited Liability Company is:

602 INDIAN RIVER BLVD.
SUITE 4
EDGEWATER, FL. US 32141

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:

TOM H MOWERY SR.
4972 NW 45TH RD
APT. 104
GAINESVILLE, FL. 32606

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: TOM MOWERY

Article V

The name and address of managing members/managers are:

Title: MGR
TOM H MOWERY SR.
4972 NW 45TH RD APT. 104
GAINESVILLE, FL. 32606 US

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Signature of member or an authorized representative of a member

Signature: TOM MOWERY