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To:

Division of Corporations

Fax Number

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From:

Account Name : AGENTS AND CORPORATIONS, INC

Account Number : I20010000112 Phone : (302)575-0875 Fax Number : (302)575-0925

5 APR 12 PM 3: 43

LIMITED LIABILITY COMPANY

JAX Therapy, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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From-DAVID WILLIAMS LAW FIRM PA

302-575-0925

T-564 P.002/002 F-407

4/8/2005 4:16 PM FROM: Fax TO: 1-302-575-0925 PAGE: 002 OF 002

APA-06-2005 02:56pm

From-DAVID WILLIAMS LAW FIRM PA

302-675-0025

T-517 P.002/002 F-34[

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: JAX Therapy, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 5730 Bowden Road, Suite 101, Jacksonville, FL 32216

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florids strest address of the registered agent are:

Agents and Corporations, inc. Suite E, 773 4th Avenue North Naples, FL 34102

Having been name 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 turther agree to comply with the provisions of all statutes relating tothe proper and complete performance of my duties, and I am famillar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature

ARTICLE (V - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

ARTICLE V - Manager/Member(s):			
The initial Manager(s) of the Limited Liability Company shall be:	<u>≥</u> S	\circ	
James O. Crumbley	[-[:]	ĊT.	
5730 Bowden Road	골짚	—	
Suite 101	5=	ಸ್	1
Jacksonville, FL 32216	\(\alpha \frac{\alpha}{\alpha} \)	-	
James V. Count Ve	₩	\sim	T
Signature of a member or an authorized representative of	a mam	b	Ċ
(in accordance with section 608.408(3), Florida Statutes, the execution of this docum- constitutes an affirmation under the penalties of perjury that the facts stated herein a	eri€Co: re (Bras.)	ထ္	
James O. Crumbley	<u>₽</u> ≥'	N	
Typed or printed name of signee	¥	ဃ	