

Division of Corporations

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From:
Account Name : HILL, WARD & HENDERSON, P.A. II
Account Number : 072100000520
Phone : (813) 221-3900
Fax Number : (813) 221-2900

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Optimal Health of Florida, LLC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

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M. HODGES

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**ARTICLES OF ORGANIZATION
OF
OPTIMAL HEALTH OF FLORIDA, LLC**

The undersigned executes these Articles of Organization of OPTIMAL HEALTH OF FLORIDA, LLC to form a limited liability company pursuant to the Florida Limited Liability Company Act:

ARTICLE I. NAME

The name of the limited liability company is: Optimal Health of Florida, LLC.

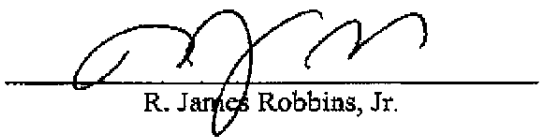
ARTICLE II. ADDRESS

The mailing and street address of the principal office of the limited liability company is 116 Parsons Park Dr., Brandon, Florida 33511.

ARTICLE III. REGISTERED AGENT AND OFFICE

The street address of the initial registered office of the limited liability company is 101 East Kennedy Boulevard, Suite 3700, Tampa, Florida 33602, and the name of the Company's initial registered agent at that address is R. James Robbins, Jr.

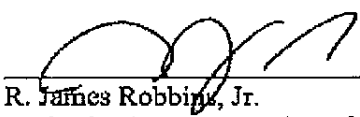
Having been named to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


R. James Robbins, Jr.

ARTICLE IV. MANAGEMENT OF COMPANY

The limited liability company is a manager-managed company.

EXECUTED: February 28, 2006


R. James Robbins, Jr.
Authorized Representative of Member

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