

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

L06000049409
FILED 8:00 AM
May 12, 2006
Sec. Of State
nculligan

Article I

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

Article II

The street address of the principal office of the Limited Liability Company is:
4055 NW 43RD STREET
21
GAINESVILLE, FL. US 32606

The mailing address of the Limited Liability Company is:
4055 NW 43RD STREET
21
GAINESVILLE, FL. US 32606

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:
DAVID B SALHANICK
3841 NW 12TH PLACE
GAINESVILLE, FL. 32605

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: DAVID B. SALHANICK

Article V

The name and address of managing members/managers are:

Title: MGRM
DAVID B SALHANICK
3841 NW 12TH PLACE
GAINESVILLE, FL. 32605 US

Title: MGRM
LINDA S NOWAK
5925 NW 37TH DRIVE
GAINESVILLE, FL. 32653 US

Title: MGRM
KAREN S MURPHY
3621 NW 40TH PLACE
GAINESVILLE, FL. 32605 US

Signature of member or an authorized representative of a member

Signature: DAVID B. SALHANICK

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