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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Light Therapeutics LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION
OF
Light Therapeutics LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **Light Therapeutics LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 4800 Linton Blvd. D-503, Delray Beach, Florida 33445.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: David A. Gross M.D., 4800 Linton Blvd. D503, Delray Beach, Florida 33445. Located in the County of Palm Beach.


ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2046.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:

David A. Gross M.D., 2771 NW 28th St., Boca Raton, Florida 33428
Andrew Rosen, 5879 Saint Anne's Way, Boca Raton, Florida 33496


Business Filings Incorporated, Organizer
Mark Schiff, AVP
Authorized Representative
Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,
Madison, WI 53717
(608) 827-5300

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FAX AUDIT # H000001005043CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

The name of the limited liability company is: **Light Therapeutics LLC**

The name and address of the registered agent and office is David A. Gross M.D., 4800
Linton Blvd. D503, Delray Beach, Florida 33445. Located in the County of Palm Beach.

Having been named as registered agent and to accept service of process for the above
stated 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.

Signature: _____


David A. Gross M.D.Date: 6/20/062006 JUN 26 AM 8:55
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