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(Business Entity Name)

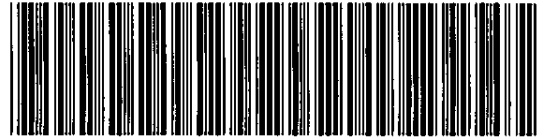
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
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Volusia Therapy, LLC

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Signature _____

Requested by: *WIC*

Date *3/29*

Time *11:00*

Name _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____

____ LTD Partnership File _____

____ Foreign Corp. File _____

____ L.C. File _____

____ Fictitious Name File _____

____ Trade/Service Mark _____

____ Merger File _____

____ Art. of Amend. File _____

____ RA Resignation _____

____ Dissolution / Withdrawal _____

____ Annual Report / Reinstatement _____

____ Cert. Copy _____

____ Photo Copy _____

____ Certificate of Good Standing _____

____ Certificate of Status _____

____ Certificate of Fictitious Name _____

____ Corp Record Search _____

____ Officer Search _____

____ Fictitious Search _____

____ Fictitious Owner Search _____

____ Vehicle Search _____

____ Driving Record _____

____ UCC 1 or 3 File _____

____ UCC 11 Search _____

____ UCC 11 Retrieval _____

Courier _____

**ARTICLES OF ORGANIZATION
OF
VOLUSIA THERAPY, LLC**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, does hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I -- NAME

The name of the limited liability company shall be **VOLUSIA THERAPY, LLC** ("Company").

ARTICLE II -- ADDRESS

The street address of the principal office of the company shall be **VOLUSIA THERAPY, LLC** at 1718/1720 S.R. 44, New Smyrna Beach, Florida 32168 and the mailing address is 478 Casa Grande, Edgewater, Florida 32141.

ARTICLE III -- DURATION

The company shall commence its existence on the date the articles of organization were filed by the Florida Department of State. The company's existence shall be perpetual.

ARTICLE IV -- REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the company in the State of Florida is Antony Bruce Codrington, at 1718/1720 S.R. 44, New Smyrna Beach, Florida 32168.

ARTICLE V -- CAPITAL CONTRIBUTIONS

The members of the company shall contribute all of the capital of the company in cash or property.

ARTICLE VI -- ADDITIONAL CAPITAL CONTRIBUTIONS

The members shall make additional capital contributions to the company as the members determine necessary.

ARTICLE VII -- ADMISSION OF NEW MEMBERS

No additional members shall be admitted to the company except with the written consent of the members of the company and on such terms and conditions as shall be determined by the members. A

member may transfer its interest in the company as set forth in the regulations of the company, but the transferee shall have no right to participate in the management of the business and affairs of the company or become a member unless the member of the company proposing to dispose of its interest approves of the proposed transfer by written consent.

ARTICLE VIII -- TERMINATION OF EXISTENCE

The company shall be dissolved on the death, bankruptcy, or dissolution of the members or on the occurrence of any other event that terminates the continued membership of the members in the company.

ARTICLE IX -- MANAGEMENT

The company shall be managed by the members in accordance with regulations adopted by the members for the management of the business and affairs of the company. These regulations may contain any provisions for the regulation and management of the affairs of the company not inconsistent with law or these articles of organization. The name and address of the members of the company is.

NAME	ADDRESS
Antony Bruce Codrington	478 Casa Grande Edgewater, Florida 32141

IN WITNESS WHEREOF, the undersigned organizer has made and subscribed these articles of organization at New Smyrna Beach, Florida, on this 28th day of March, 2007.

Antony Bruce Codrington
NAME OF ORGANIZER:

BY: Antony Bruce Codrington
Applicant:

BY: Antony Bruce Codrington

STATE OF FLORIDA
COUNTY OF VOLUSIA

Sworn to (or affirmed) and subscribed before me this 28th day of March, 2007 by ANTONY BRUCE CODRINGTON.

Personally Known _____ or X Produced Identification
Type of Identification FL Driver License

Jane K. Myers
Notary Public -- State of Florida

Print, Type, or Stamp
Commissioned Name of Notary Public




Jane K. Myers
MY COMMISSION # DD232566 EXPIRES
October 27, 2007
BONDED THRU TROY FAIN INSURANCE, INC.

ACCEPTANCE OF REGISTERED AGENT

The undersigned, being the person named in the Articles of Organization of **VOLUSIA THERAPY, LLC**, as the registered agent of this limited liability company, hereby consents to accept service of process for the above stated company at the place designated in the articles of organization, and accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his or her duties, and is familiar with and accepts the obligations of the position of registered agent.

Name:


ANTONY BRUCE CODRINGTON
Registered Agent

Dated: March 28, 2007