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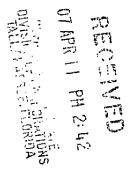
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April 11, 2007

.	CORPORATION NAME (S) AND DOCUMENT NUMBER (S): Sleep Associates of Tampa Bay, LLC				
	Filing Evidence □ Plain/Confirmation			Type of Docum Certificate of Sta	
	⊠ Certified Copy			Certificate of Go	od Standing
				Articles Only	9
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	NEW FILINGS		AMENDMENTS	0 • 11	
	Profit		Amendment		
	Non Profit		Resignation of RA Of	fficer/Director]
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	Other		Merger		
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ļ	OTHER FILINGS		REGISTRATION/QU	JALIFICATION	
	Annual Reports		Foreign		
	Fictitious Name		Limited Liability		
<u></u>	Name Reservation		Reinstatement		
	Reinstatement		Trademark		
			Other		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
he hame of the Ellinted Etablity Company is.
Sleep Associates of Tampa Bay, LLC
Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

DR. MUKUND AMIN 3120 WEST HILLSBOROUGH AVENUE TAMPA, FLORIDA 33614-5927 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

RAJESH GROVER
Name

3120 WEST HILLSBOROUGH AVENUE

Florida street address (P.O. Box NOT acceptable)

TAMPA FL 33614-5927

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 as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2



ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member MANAGER	RAJESH GROVER
100000000000000000000000000000000000000	120 WOOD AVENUE SOUTH - SUITE 511 ISELIN, NJ 08830
	<u> </u>
	OT APR 1
(Use attachment if necessary)	PH 3: 26 PH 3: 26
ARTICLE V: Effective date, if other the (If an effective date is listed, the date is to or 90 days after the date of filing.)	nan the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days prior

REQUIRED SIGNATURE:

signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

RAJESH GROVER-AUTHORIZED PERSON

Typed or printed name of signee