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SECRETARY OF STATE SECRETARY OF CORPORATIONS ON JAN -8 PM 1: 06

J. BRYAN

JAN - 9 2008

EXAMINER

HODGES & CARLE, P. A.

ATTORNEYS AT LAW

38410 NORTH AVENUE POST OFFICE BOX 548

ZEPHYRHILLS, FLORIDA 33539-0548

STEPHEN D. CARLE

BOARD CERTIFIED

WILLS, TRUSTS & ESTATES LAWYER

TELEPHONE 782-7196 FAX 782-1026 AREA CODE 813

WILLS, TRUSTS & ESTATES LAWYER

RAYMOND H. HODGES

(1915-1999)

January 2, 2008

Corporate Records Bureau Division of Corporations Department of State P. 0. Box 6327 Tallahassee, FL 32301-6327

In Re: Articles of Organization for The Prosthetic Center of

Bradenton, L.L.C.

Gentlemen:

Enclosed is the original of the Articles of Organization. A check for \$125.00 for filing is enclosed.

Very truly yours,

STEPHEN D. CARLE

SDC:bq

Enclosures

SECRETARY OF STATE SIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION

FOR

THE PROSTHETIC CENTER OF BRADENTON, L.L.C.



ARTICLE I - Name:

The name of the Limited Liability Company is:

THE PROSTHETIC CENTER OF BRADENTON, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

6417 Gall Boulevard Zephyrhills, Florida 33542

6417 Gall Boulevard Zephyrhills, Florida 33542

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

PAUL C. WEOTT 6417 Gall Boulevard Zephyrhills, Florida 33542

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, Florida Statutes.

PAUL C. WEOTT

ARTICLE IV - Manager or Managing Member

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

Title:

Name and Address:

Managing Member

PAUL C. WEOTT 6417 Gall Boulevard Zephyrhills, Florida 33542

Managing Member

LISA WEOTT 6417 Gall Boulevard Zephyrhills, Florida 33542

REQUIRED SIGNATURE:

Signature of a member of 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.)

PAUL C. WEOTT