

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

L08000048457  
FILED 8:00 AM  
May 14, 2008  
Sec. Of State  
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**Article I**

The name of the Limited Liability Company is:

NEUROCARE OF FLORIDA, LLC

**Article II**

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

5379 LYONS ROAD  
SUITE #110  
COCONUT CREEK, FL. US 33073

The mailing address of the Limited Liability Company is:

5379 LYONS ROAD  
SUITE #110  
COCONUT CREEK, FL. US 33073

**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:

SILVERBERG & WEISS, P.A.  
2665 EXECUTIVE PARK DRIVE  
SUITE #2  
WESTON, FL. 33331

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: PAUL K. SILVERBERG, ESQ.

## **Article V**

The name and address of managing members/managers are:

Title: MGR  
MARV JOHNSON  
5379 LYONS ROAD, SUITE #110  
COCONUT CREEK, FL. 33073 US

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Signature of member or an authorized representative of a member

Signature: PAUL K. SILVERBERG