

FROM : THE_STRATEGIC_COUNSEL
Division of Corporations

FAX NO. : 8132863600

Oct. 16 2008 05:23PM P1

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From:
Account Name : THE STRATEGIC COUNSEL, L.C.
Account Number : T20040000092
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

HANDS ON HEALTH MANUAL AND PHYSICAL THERAPY SERVICES, LLC

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**ARTICLES OF ORGANIZATION
OF
HANDS ON HEALTH MANUAL AND PHYSICAL THERAPY SERVICES, LLC**

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

ARTICLE I – NAME

The name of the Limited Liability Company shall be **HANDS ON HEALTH MANUAL AND PHYSICAL THERAPY SERVICES, LLC** ("Company").

ARTICLE II – ADDRESS

The mailing address and street address of the principal office of the Company: 31790 State Route 19 North, Suite 80 Palm Harbor, Florida 34684.

ARTICLE III – DURATION

The Company shall commence its existence on the 16th day of October 2008. The Company's existence shall be perpetual unless the Company is dissolved earlier as provided in these articles of organization or in the regulations.

ARTICLE IV – REGISTERED OFFICE AND AGENT

The name and street address of the Registered Agent of the Company in the State of Florida is: Steven P. Riley, Esquire, 4805 W. Laurel St. Suite 230 Tampa, Florida 33607.

ARTICLE V – ADMISSION OF NEW MEMBERS

Except as set forth in the regulations, no additional Members shall be admitted to the Company except with the unanimous written consent of all the Members of the Company and on such terms and conditions as shall be determined by all the Members. A member may transfer his or her 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 all of the Members of the Company other than the member proposing to dispose of his or her interest approve of the proposed transfer by written consent.

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ARTICLE VI - MEMBERS' RIGHT TO CONTINUE BUSINESS

The Company shall be dissolved on the death, bankruptcy, or dissolution of a member or manager, or on the occurrence of any other event that terminates the continued membership of a member in the Company, unless the business of the Company is continued by majority vote of all the remaining Members.

ARTICLE VII - 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 names and addresses of the Members of the Company are as follows:

1. Carole Suzanne Joseph, 31790 State Route 19 North, Suite 80
Palm Harbor, Florida 34684

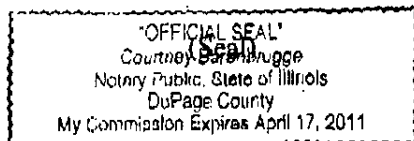
IN WITNESS WHEREOF, the undersigned organizers have made and subscribed these articles of organization in Tampa, Florida, on this 16 day of October 2008.

Carole Suzanne Joseph
Carole Suzanne Joseph, Member Manager

STATE OF ILCOUNTY OF DuPage

BEFORE ME the undersigned authority, personally appeared Carole Suzanne Joseph, known to me to be the person described in, and whose name is subscribed to the foregoing document, who stated to me on oath that he executed the same for the purposes and consideration therein expressed.

SUBSCRIBED AND SWORN TO BEFORE ME this 16th day of October 2008.



Courtney Barenbrugge
Notary Public - State of IL
Printed Name: Courtney Barenbrugge
Commission #: _____
My Commission Expires: 4-17-11

ACCEPTANCE OF DESIGNATION AS REGISTERED AGENT

Articles of Organization of

HANDS ON HEALTH MANUAL AND PHYSICAL THERAPY SERVICES, LLC

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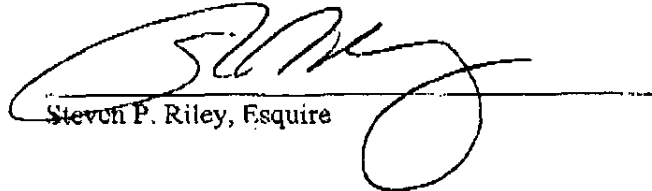
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I, Steven P. Riley, Esquire, hereby accept designation as Registered Agent on this 16th day of October 2008.


Steven P. Riley, Esquire

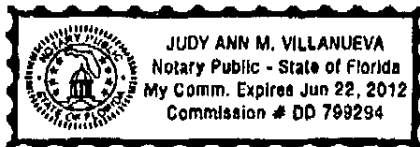
STATE OF FLORIDA

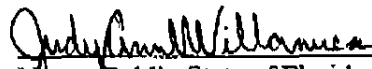
COUNTY OF HILLSBOROUGH

BEFORE ME the undersigned authority, personally appeared Steven P. Riley, known to me to be the person described in, and whose name is subscribed to the foregoing document, who stated to me on oath that he executed the same for the purposes and consideration therein expressed.

SUBSCRIBED AND SWORN TO BEFORE ME this 16th day of October 2008.

(Seal)




Notary Public-State of Florida
Printed Name: Judy Ann M. Villanueva
Commission #: DD 799 294
My Commission Expires: June 22, 2012

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