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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CSH SERVICES, LLC

Account Number : 120070000160 Phone : (800)494-3124

: (561)455-9885 Fax Number

FLORIDA/FOREIGN LIMITED LIABILITY CO.

COUNSELING AND BIOFEEDBACK SERVICES, LLC

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EXAMINER

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

COUNSELING AND BIOFEEDBACK SERVICES, LLC

ARTICLE II ADDRESS

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

12051 CORPORATE BOULEVARD ORLANDO, FLORIDA 32817

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

VALESKA WILSON 12051 CORPORATE BOULEVARD ORLANDO, FLORIDA 32817

Having been named as registered agent 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.

x Waleska Welson VALESKA WILSON / Registered Agent's signature

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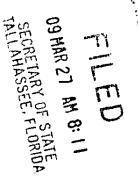
PAGE 2 COUNSELING AND BIOFEEDBACK SERVICES, LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER
VALESKA WILSON
12051 CORPORATE BOULEVARD
ORLANDO, FLORIDA 32817



x Valesha nie son

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.

VALESKA WILSON

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