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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

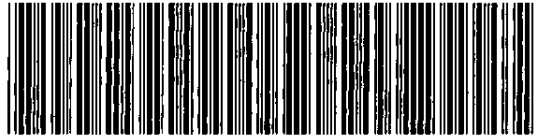
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JUL 28 2009

EXAMINER

TAMPA ACCOUNTING & TAX SERVICE. INC.

**17121 Morris Bridge Road
Thonotosassa, FL 33592-2259
(813) 782 - 1990**

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: First Choice Therapy Group, L.L.C.

Enclosed is an original copy of the Articles of Organization and a check for \$ 125.00

Please return all documentation to:

**Mayomi Artiles
8900 N. Armenia Avenue, Suite 304
Tampa, FL 33604.**

Thank you.

Tampa Accounting & Tax Service, Inc.

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The undersigned, being a natural person competent to contract for the purpose of forming a Limited Liability Company pursuant to Chapter 608 of the Florida Statutes, hereby adopts the following Articles in order to form a limited liability company under the laws of the State of Florida.

ARTICLE I

The name of the Limited Liability Company is:

First Choice Therapy Group, L.L.C.

ARTICLE II

The initial mailing and street address of the Limited Liability Company is 8900 N. Armenia Avenue, Suite 304, Tampa, FL 33604.

ARTICLE III

This Limited Liability Company shall commence upon the filing of these Articles and shall exist perpetually.

ARTICLE IV

The Limited Liability Company is to be managed by the members and the initial names and addresses of the members are:

Mayomi Artiles	8900 N. Armenia Avenue, Suite 304, Tampa, FL 33604.
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Michel Reyes	8900 N. Armenia Avenue, Suite 304, Tampa, FL 33604.
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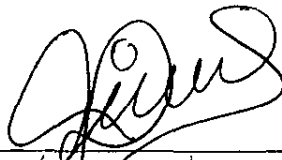
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ARTICLE V

Additional members may be added with unanimous consent of the other members plus payment of an amount of cash to the Limited Liability Company equal to a pro-rata amount of cash contributed by the existing members.

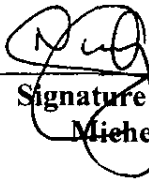
ARTICLE VI

There shall be the right of the remaining members of the Limited Liability Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or of the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.



Signature of Member
Mayomi Artiles

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



Signature of Member
Michel Reyes

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

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CERTIFICATE OF REGISTERED AGENT

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

The Name of the Limited Liability Company is:

First Choice Therapy Group, L.L.C.

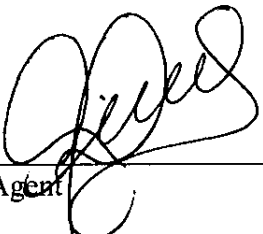
The name and Florida street address of the Registered Agent is:

Mayomi Artiles

8900 N. Armenia Avenue, Suite 304, Tampa, FL 33604

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the 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.

DATED: This 21 day of July, 2009.



Registered Agent

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