

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

L10000052534
FILED 8:00 AM
May 17, 2010
Sec. Of State
nculligan

Article I

The name of the Limited Liability Company is:
ANGEL HANDS PHYSICAL THERAPY PLLC

Article II

The street address of the principal office of the Limited Liability Company is:
121 N.E. TUNISON AVE.
PORT SAINT LUCIE, FL. US 34983

The mailing address of the Limited Liability Company is:
121 N.E. TUNISON AVE.
PORT SAINT LUCIE, FL. US 34983

Article III

The purpose for which this Limited Liability Company is organized is:
LICENSED PHYSICAL THERAPIST

Article IV

The name and Florida street address of the registered agent is:
SANDRA DAVILA
121 N.E. TUNISON AVE.
PORT SAINT LUCIE, FL. 34983

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: SANDRA DAVILA

Article V

The name and address of managing members/managers are:

Title: MGRM
SANDRA DAVILA
121 N.E. TUNISON AVE.
PORT SAINT LUCIE, FL. 34983 US

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Signature of member or an authorized representative of a member

Signature: SANDRA DAVILA