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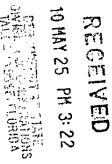
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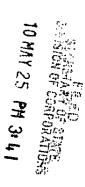
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MAY 2 5 2010

EXAMINER



CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Physiatry Partners, LI	.C				
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<u> </u>				LTD Partnership File	
				Foreign Corp. File	
			1	L.C. File	
				Fictitious Name File	
		!		Trade/Service Mark	
				Merger File	
				Art. of Amend. File	
				RA Resignation	
				Dissolution / Withdrawal	
				Annual Report / Reinstatement	
				Cert. Copy	
			/	Photo Copy	
				Certificate of Good Standing	
				Certificate of Status	_
				Certificate of Fictitious Name	
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ARTICLES OF ORGANIZATION FOR

Physiatry Partners, LLC

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

ARTICLE I: NAME

The name of the company is Physiatry Partners, LLC

ARTICLE II: PRINCIPAL OFFICE

The principal office and mailing address of the company is 11440 N Kendall Dr #400, Miami, Fl 33176

ARTICLE III: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Stewart G Greenberg, 11440 N Kendall Dr #400 Miami, Fl 33176

ARTICLE IV: MANAGEMENT

The company may designate Managers and Managing Members at a later date.

The undersigned has executed these Articles of Organization this 24th day of May 2010.

Stewart Greenberg, Authorized Representative

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 608.415, Florida Statutes, the mentioned limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered agent and registered office, in the state of Florida.

1. The name of the company is:

Physiatry Partners LLC.

2. The name and address of the registered agent and office is:

Stewart G Greenberg 11440 N Kendall Dr #400 Miami, Fl 33176

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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.