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(Address)

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(Business Entity Name)

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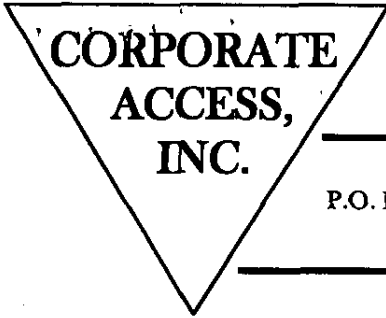
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10 MAY 27 AM 10:19
TALLAHASSEE
FLORIDA
CORPORATE ACCESS, INC.

1. Medical Therapies, Inc
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
10 MAY 27 AM 10:19

This Certificate of Conversion **and attached Articles of Organization** are submitted to convert the following **"Other Business Entity"** into a **Florida Limited Liability Company** in accordance with s.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

Medical Therapies, INC
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a CORPORATION
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

P03000077569

first organized, formed or incorporated under the laws of FLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)

on 07/10/2003
(Enter date "Other Business Entity" was first organized, formed or incorporated)

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

Medical Therapies, LLC
(Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the effective date: _____
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

Signed this 15th day of March 20 10.

Signature of Member or Authorized Representative of Limited Liability Company:

Signature of Member or Authorized Representative: [Signature]
Printed Name: JUNAID KHAN Title: MGRM

Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: [Signature]
Printed Name: JUNAID KHAN Title: PRESIDENT

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

**ARTICLES OF ORGANIZATION
OF
MEDICAL THERAPIES, LLC**

RECEIVED
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10 MAY 27 AM 10:19

The undersigned, being the Member and Organizer of the Limited Liability Company hereby being formed under the Florida Statutes Annotated Sections 608.401 to 608.471, do hereby adopt the following Articles of Organization for the Limited Liability Company:

FIRST: The name of the Limited Liability Company is **MEDICAL THERAPIES, LLC**

SECOND: The Limited Liability is organized to engage in and any lawful act concerning any lawful business, other than banking and insurance, for which a limited liability company may be organized in accordance with the Florida Statutes Annotated Sections 608.401 to 608.471, including all powers and purposes now and hereafter permitted by law to a limited liability company.

THIRD: The street address of the initial registered office of the Limited Liability Company in Florida is 7655 South Orange Blossom Trail, Orlando, FL 32809 and the name of the Initial registered agent of the Limited Liability Company in Florida at that address is Junaid Khan.

FOURTH: The mailing address and street address of the principal office of the Limited Liability Company is P. O Box 1461, Windermere, FL 34786.

FIFTH: The members of the Limited Liability Company shall consist of not less than one Member. The name and address of the initial members are:

Junaid Khan (MGRM)
7655 South Orange Blossom Trail
Orlando, FL 32809

SIXTH: The Limited Liability Company is to be managed by the Managing Members.

IN WITNESS WHEREOF, the Member has executed and acknowledged these Articles of Organization on March 15, 2010



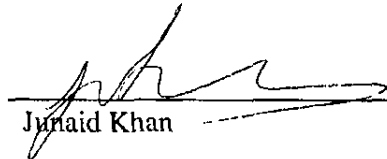
Junaid Khan

**CONSENT TO APPOINTMENT
BY REGISTERED AGENT**

I, having been named as Registered Agent for **MEDICAL THERAPIES, LLC**, hereby voluntarily consent to serve as Registered Agent for **MEDICAL THERAPIES, LLC**

I know and understand the duties and responsibilities of a Registered Agent as set forth in the Florida Statutes Annotated Sections 608.401 to 608.471, and I hereby accept those duties and responsibilities.

Dated: March 15, 2010


Junaid Khan