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TO:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634~3694

Fax Number : (305)633~9696

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FLORIDA LIMITED LIABILITY CO. wellness and rehab specialists llc

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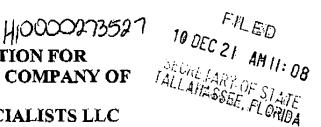
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF



WELLNESS AND REHAB SPECIALISTS LLC

ARTICLE I

The name of the Limited Liability Company shall be: WELLNESS AND REHAB SPECIALISTS LLC

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company: 2531 SW FONDURA ROAD, PORT ST. LUCIE, FL 34953

ARTICLE IV

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

KAHARI T. WOOD

2531 SW FONDURA ROAD

PORT ST. LUCIE, FL 34993

ARTICLE V

The name of the Managing Member(s) and Member(s) are:

MANAGING MEMBER\MEMBER
KAHARI T. WOOD

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

WELLNESS AND REHAB SPECIALISTS LLC

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 articles of organization, 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.

Signature of Registered Agent

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 perfury that the facts stated herein are true.)

Typed or printed name of signee

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