Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : SHUTTS & BOWEN LLP

Account Number : 120060000106 Phone : (813)229-8900 Fax Number : (813)229-8901

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.

Total Therapy Florida, LLC

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ARTICLES OF ORGANIZATION FOR TOTAL THERAPY FLORIDA, LLC

ARTICLE I - NAME

The name of the limited liability company is TOTAL THERAPY FLORIDA, LLQ

ARTICLE II - ADDRESS

The mailing address of the company is 2305 Casey Key Road, Nokomis, Florida 34275, and the street address of the principal office of the company is 2305 Casey Key Road, Nokomis, Florida 34275.

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE

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

LPS CORPORATE SERVICES, INC. 1858 Ringling Boulevard, Suite 300 Sarasota FL 34236

Having been named as registered agent and to accept service of process for the above stated limited liability company. 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 as provided for in Chapter 605, F.S.

LPS CORPORATE SERVICES, INC

a Florida comoration

By: Michael E. Siegel

Its Vice President

S&BFax Server

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ARTICLE IV - MANAGEMENT

The limited liability company is to be managed by one or more managers and is, therefore, a manager-managed company. The method of election of the manager shall be as stated in the Operating Agreement of the Company

ARTICLE V — Limitation on Agency Authority of Members:

No member of the company shall be an agent of the company solely by virtue of being a member.

Dated: Guerran 4 3017

Michael E. Siegel

Authorized Representative of a Member