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THE UNITED STATES GORPORATION

ACCOUNT NO. : 072100000032

REFERENCE : 088059 4343687

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE: January 5, 1999

ORDER TIME : 1:03 PM

ORDER NO. : 088059-005

CUSTOMER NO: 4343687

CUSTOMER: Alan S. Gassman, Esq

GASSMAN & CONETTA, P.A.

GASSMAN & CONETTA, P.A.

Suite 102

1245 Court Street

Clearwater, FL 33756

DOMESTIC FILING

NAME: ARTHRITIS CENTER OF PINELLAS

AND PASCO, L.L.C.

700002731017- 5 -01/06/99--01001--003 ****285.00 *****285.00

EFFECTIVE DATE: 010499 *****285.[1] *****

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED LIABILITY COMPANY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

___ CERTIFIED COPY

XX ____ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janice Vanderslice

EXAMINER'S INITIALS:

SECRETARY OF STATE

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Fax Audit #:	
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ASCO, L.L.C.	PH RP S
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ARTICLES OF ORGANIZATION

OF

ARTHRITIS CENTER OF PINELLAS AND PASCO, L.L.C.

a Florida Limited Liability Company

ARTICLE I NAME

The name of this Limited Liability Company is ARTHRITIS CENTER OF PINELLAS AND PASCO, L.L.C. (the "Company").

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

32615 U. S. Highway 19 North Suite 2 Palm Harbor, FL 34684

ARTICLE III DURATION

The Company's existence shall commence on the 4th day of January, 1999 and shall continue until dissolved or until the occurrence of any one of the following events: the death, retirement, resignation, expulsion, bankruptcy, or dissolution of any member of the Company or upon the occurrence of any other event which terminates the continued membership of a member in the Company, unless the existence and business of the Company is continued by consent of all remaining members.

Alan S. Gassman, Esquire 1245 Court Street, Suite 102 Clearwater, FL 33756 (813) 442-1200 Florida Bar # 371750

ARTICLES OF ORGANIZATION OF ARTHRITIS CENTER OF PINELLAS AND PASCO, L.L.C. Fax Audit #:

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ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by a manager and the name and address of such manager who is to serve as manager is:

ANTHONY I. SEBBA, M.D., P.A. 32615 U. S. Highway 19 North Suite 2
Palm Harbor, FL 34684

SECRETARY OF STATE DIVISION OF CORPORATIONS

99 JAN - 5 PM 4: 08

ARTICLE V ADMISSION OF NEW MEMBERS

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

The members shall have the right to admit new members to the Company. New members may come into the Company only upon the agreement of those members owning at least one hundred percent (100%) of the interest in the Company and upon such terms and conditions as the existing members may unanimously agree.

ARTICLE VI MEMBERS RIGHTS TO CONTINUE BUSINESS

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company.

Alan S. Gassman, Esquire 1245 Court Street, Suite 102 Clearwater, FL 33756 (813) 442-1200 Florida Bar # 371750

ARTICLES OF ORGANIZATION OF ARTHRITIS CENTER OF PINELLAS AND PASCO, L.L.C. Fax Audit #:

Fax Audit #:	_
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ARTICLE VII AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of ARTHRITIS CENTER OF PINELLAS AND PASCO, L.L.C. certifies:

1) 2) 3)	The above named limited liability company has at least one member. The total amount of cash contributed by each member is: The total amount of cash and property contributed and anticipated to be contributed by each member is: \$100.00
	AUTHORIZED REPRESENTATIVE OF MEMBER ARTHRITIS CENTER OF PINELLAS AND PASCO, L.L.C.
	ALAN S. GASSMAN

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ALAN S. GASSMAN

STATE OF FLORIDA)
COUNTY OF PINELLAS)

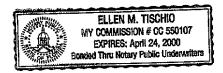
The foregoing instrument was acknowledged before me this 4th day of January, 1999, by ALAN S. GASSMAN, as Authorized Representative of ARTHRITIS CENTER OF PINELLS AND PASCO, L.L.C., who is personally known to me.

Alan S. Gassman, Esquire 1245 Court Street, Suite 102 Clearwater, FL 33756 (813) 442-1200 Florida Bar # 371750

ARTICLES OF	ORGANIZATION OF	ARTHRITIS CENTER	OF PINELLAS AN	D PASCO, L.L.C.
Fax Audit #:				

Fax Audit #:	
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Witness my hand and official seal in the county and state last aforesaid on the day and year first written above.



Notary Public, State of Florida My Commission Expires:

ACCEPTANCE OF REGISTERED AGENT

Pursuant to the provisions of Sction 608.415 or 608.507, Florida Stattues, the undersigned Limited Liability Company submits the following statement to designate a Registered Office and Rgistered Agent in the State of Florida:

The name of the Limited Liability Company is: ARTHRITIS CENTER OF PINELLAS AND PASCO, L.L.C.

The name and Florida street address of the Registered Agent are:

Alan S. Gassman, Esquire 1245 Court Street Suite 102 Clearwater, Florida 33756

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 iin 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.

_(SEAL)

ALAN S. GASSMAN, ESQUIRE

J:\L\LOWENSTE\LLC\LLC.ART :EMT 12-30-98

Alan S. Gassman, Esquire 1245 Court Street, Suite 102 Clearwater, FL 33756 (813) 442-1200 Florida Bar # 371750

ARTICLES OF ORGANIZATION OF ARTHRITIS CENTER OF PINELLAS AND PASCO, L.L.C. Fax Audit #: