

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L03000054180
FILED 8:00 AM
December 18, 2003
Sec. Of State

Article I

The name of the Limited Liability Company is:

BEST CARE CHIROPRACTIC & REHABILITATION, LLC.

Article II

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

4394 PALM BEACH BOULEVARD
FORT MYERS, FL. 33905

The mailing address of the Limited Liability Company is:

4394 PALM BEACH BOULEVARD
FORT MYERS, FL. 33905

Article III

The purpose for which this Limited Liability Company is organized is:

MEDICAL SERVICES (CHIROPRACTIC)

Article IV

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

VALERE S GERARD
4394 PALM BEACH BOULEVARD
FORT MYERS, FL. 33905

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 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.

Registered Agent Signature: VALERE GERARD

Article V

The name and address of managing members/managers are:

Title: MGR
GERARD S VALERE
4394 PALM BEACH BOULEVARD
FORT MYERS, FL. 33905

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Article VI

The effective date for this Limited Liability Company shall be:

12/14/2003

Signature of member or an authorized representative of a member

Signature: GERARD VALERE