Thomas E. Carrity P.A. At recy at La 100 May Street, Spit 201 Sarasota, Florida 34236 (941) 366-4498

March 9, 2001

Secretary of State Corporate Records Bureau Division of Corporations P.O. Box 6327 Tallahassee, FL 32301

RE: BEE RIDGE CHIROPRACTIC CENTER, L.L.C.

500003831405--5 -03/12/01--01130--005 ****125.00 ****125.00

Dear Sir:

Enclosed please find the original "Articles of Organization" for the above-referenced Limited Liability Company, together with a check in the amount of \$125.00 to cover the filing fee.

I would appreciate your advising me of the date of filing for this organization at the address listed above.

Thank you for your cooperation.

Sincerely,

Thomas E. Gerrity Attorney at Law

TEG/jh Enclosures

> LO1-4003 QC

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

NAME OF ORGANIZATION

The name of this Limited Liability Company is:

Bee Ridge Chiropractic Center, L.L.C.

ARTICLE II

ADDRESS

The initial street and mailing address of the principal office of the Limited Liability Company is: 2636 Bee Ridge Road, Sarasota, Florida 34239.

ARTICLE III

REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Thomas E. Gerrity, P.A. 1900 Main Street, Suite 201 Sarasota, Florida 34236

ARTICLE IV

REGISTERED AGENT'S ACCEPTANCE OF APPOINTMENT

Having been named as registered agent and agreeing 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 as provided in Chapter 608,	
F.S.	THOMAS E. GERRITY
ARTICLE V	
MANAGEMENT	
The Limited Liability Company is not to be managed by one manager or more managers and	
is not, therefore, a manager - managed company.	
	Dann (Eduda, D.C., C.C.E.P. Signature DARREN J EDMONDS, D.C. CCEP.
	Printed Name
	(In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
STATE OF FLORIDA COUNTY OF SARASOTA	
The foregoing instrument was acknowledged before me this 5 day of MACH,	
20_0], and the affiant is personally known to me.	
Thomas E. Gerrity MY COMMISSION # CC815971 EXPIRES	NOTARY PUBLIC
June 9, 2003 BONDED THRU TROY FAIN INSURANCE, INC.	THONGS & GRERITY

Printed Name