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**LIMITED LIABILITY COMPANY**

**Pompano Chiropractic, L.L.C.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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FAX AUDIT # HO 3000051771

**ARTICLES OF ORGANIZATION  
OF  
Pompano Chiropractic, L.L.C.**

**ARTICLE I NAME**

The name of the limited liability company shall be: **Pompano Chiropractic, L.L.C.**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this Limited Liability Company shall be: 210 Captain's Walk, #714, Delray Beach, Florida 33483.

**ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and address of the initial registered agent is: Dr. David Dorfman, 210 Captain's Walk, #714, Delray Beach, Florida 33483. Located in the County of Palm Beach.

**ARTICLE IV DURATION**

The duration for the limited liability company shall be: 12/31/2043.

**ARTICLE V MANAGERS/MEMBERS**

The management of the limited liability company is reserved for the Managers and the name and address of the manager of the Limited Liability Company is:

David Dorfman, 210 Captain's Walk, #714, Delray Beach, Florida 33483

  
Business Filings Incorporated, Organizer

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated

8025 Excelsior Dr., Suite 200, Madison, WI 53717

(608) 827-5300

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H03000517711CERTIFICATE OF DESIGNATION OF REGISTERED  
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: **Pompano Chiropractic, L.L.C.**

The name and address of the registered agent and office is Dr. David Dorfman, 210 Captain's Walk, #714, Delray Beach, Florida 33483. Located in the County of Palm Beach.

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Signature:

  
Dr. David Dorfman

Date: February 11, 2003

FAX AUDIT #

H03000517711