Electronic Articles of Organization
For
Florida Limited Liability Company

L03000009467
FILED 8:00 AM
March 17, 2003
Sec. Of State

Article I

The name of the Limited Liability Company is:

NORTH FLORIDA MEDICAL INJURY CENTER LLC

Article II

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

817 NEW BERLIN RD
JACKSONVILLE, FL. US 32218

The mailing address of the Limited Liability Company is:

10602 PARLIAMENT PL.
JACKSONVILLE, FL. US 32257

Article III

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

NORTH FLORIDA CHIROPRACTIC INJURY CENTER,
10602 PARLIAMENT PL.
JACKSONVILLE, FL. 32257

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: JASON ORLANDO

Article IV

The effective date for this Limited Liability Company shall be:

03/12/2003

Signature of member or an authorized representative of a member

Signature: JASON ORLANDO