

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

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FILED 8:00 AM
July 09, 2004
Sec. Of State
Irrivers

Article I

The name of the Limited Liability Company is:
THE CHIROPRACTIC REHAB CENTER LLC

Article II

The street address of the principal office of the Limited Liability Company is:
2626 TAMIAMI TRAIL E.
SUITE 1
NAPLES, FL. 34112

The mailing address of the Limited Liability Company is:
2626 TAMIAMI TRAIL N.
SUITE 1
NAPLES, FL. 34112

Article III

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

Article IV

The name and Florida street address of the registered agent is:
DAVID E COLLINS
2626 TAMIAMI TRAIL E.
SUITE 1
NAPLES, FL. 34112

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: DAVID E. COLLINS

Article V

The name and address of managing members/managers are:

Title: MGR
DAVID E COLLINS
2626 TAMiami TRAIL E
NAPLES, FL. 34112

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Article VI

The effective date for this Limited Liability Company shall be:

07/01/2004

Signature of member or an authorized representative of a member

Signature: DAVID E. COLLINS