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(Requestor's Name)

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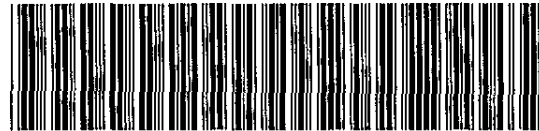
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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032  
REFERENCE : 986118 5674A  
AUTHORIZATION : *Patricia Pajuts*  
COST LIMIT : \$ 155.00

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ORDER DATE : November 22, 2004  
ORDER TIME : 11:43 AM  
ORDER NO. : 986118-005  
CUSTOMER NO: 5674A  
CUSTOMER: Robert C. Burke, Jr., Esq  
Kimpton, Burke & Bobenhausen,  
P.a.  
Suite 100  
28059 U.s. Highway 19, North  
Clearwater, FL 33761-2698

DOMESTIC FILING

NAME: HESS SPINAL & MEDICAL CENTERS  
OF LAKELAND, PL

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - EXT. 2914  
EXAMINER'S INITIALS: \_\_\_\_\_

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**ARTICLES OF ORGANIZATION  
OF  
HESS SPINAL & MEDICAL CENTERS OF LAKE LAND, PL**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

**ARTICLE I - Name:**

The name of the Limited Liability Company is **HESS SPINAL & MEDICAL CENTERS OF LAKE LAND, PL**.

**ARTICLE II - Address:**

The street address and mailing address of the principal office of the Limited Liability Company is 1519 Lakeland Hills Boulevard, Lakeland, Florida 33805.

**ARTICLE III - Registered Agent, Registered Office:**

The name and the Florida street address of the initial registered agent are Stephen T. Hess, 1519 Lakeland Hills Boulevard, Lakeland, Florida 33805.


**ARTICLE IV - Nature of Business:**

This Limited Liability Company may engage in every aspect of the business of rendering the same professional services to the public that a chiropractor, duly licensed under the laws of the State of Florida, is authorized to render. This Limited Liability Company may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, county, territory, or nation.

**ARTICLE V - Management:**

The Limited Liability Company is to be managed by its members, and is, therefore, a member-managed company.

**IN WITNESS WHEREOF**, I have signed this Articles of Organization as a member and acknowledged them to be my act this 15th day of November, 2004.

  
STEPHEN T. HESS

(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.)

Stephen T. Hess

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is **HESS SPINAL & MEDICAL CENTERS OF LAKE LAND, PL.**

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

Stephen T. Hess  
1519 Lakeland Hills Boulevard  
Lakeland, Florida 33805

*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.*

  
\_\_\_\_\_  
STEPHEN T. HESS