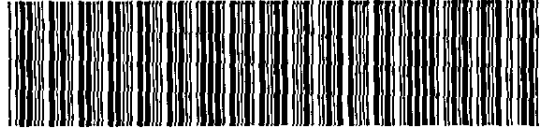


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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 250443 5674A

AUTHORIZATION :

*Patricia Piguet*

COST LIMIT : \$ 155.00

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ORDER DATE : March 10, 2005

ORDER TIME : 11:38 AM

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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 KISSIMMEE, PL

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Heather Chapman - EXT. 2908

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
OF  
HESS SPINAL & MEDICAL CENTERS OF KISSIMMEE, PL**

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TALLAHASSEE, FLORIDA

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 KISSIMMEE, PL.**

**ARTICLE II - Address:**

The street address and mailing address of the principal office of the Limited Liability Company is 102 Park Place Boulevard, Building 3, Suite 3, Kissimmee, Florida 34741.

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

The name and the Florida street address of the initial registered agent are Stephen T. Hess, 102 Park Place Boulevard, Building 3, Suite 3, Kissimmee, Florida 34741.

**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 2 day of March, 2005.

  
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 KISSIMMEE, PL.**

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

Stephen T. Hess  
102 Park Place Boulevard, Building 3, Suite 3  
Kissimmee, Florida 34741

*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