Electronic Articles of Organization
For
Florida Limited Liability Company

L05000066041
FILED 8:00 AM
July 05, 2005
Sec. Of State
jsadler

Article I

The name of the Limited Liability Company is:

KEHOE FAMILY CHIROPRACTIC, LLC

Article II

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

7212 MASSACHUSETTS AVE
NEW PORT RICHEY, FL. US 34653

The mailing address of the Limited Liability Company is:

7090 PORPOISE ST
WEEKI WACHEE, FL. US 34607

Article III

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

CHIROPRACTIC SERVICES AND HEALTH EDUCATION

Article IV

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

BRIAN M KEHOE
7212 MASSACHUSETTS AVE
NEW PORT RICHEY, FL. 34653

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: BRIAN M KEHOE

Article V

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The name and address of managing members/managers are:

Title: MGRM
BRIAN M KEHOE
7212 MASSACHUSETTS AVE
NEW PORT RICHEY, FL. 34653 US

Title: MGRM
DENISE KEHOE
7212 MASSACHUSETTS AVE
NEW PORT RICHEY, FL. 34653 US

Signature of member or an authorized representative of a member

Signature: BRIAN M KEHOE