

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

L05000096963
FILED 8:00 AM
October 03, 2005
Sec. Of State
mthomas

Article I

The name of the Limited Liability Company is:
FLORIDA CHIROPRACTIC LLC

Article II

The street address of the principal office of the Limited Liability Company is:
5347 NW ALAM CIRCLE
PORT ST LUCIE, FL. 34986

The mailing address of the Limited Liability Company is:
5347 NW ALAM CIRCLE
PORT ST LUCIE, FL. 34986

Article III

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

Article IV

The name and Florida street address of the registered agent is:
MICHAEL KELLY
5347 NW ALAM CIRCLE
PORT ST LUCIE, FL. 34986

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: MICHAEL KELLY

Article V

The name and address of managing members/managers are:

Title: MGR
MICHAEL T KELLY DC PA
3233 SW PORT ST LUCIE BLVD
PORT ST LUCIE, FL. 34953

Title: MGRM
MARK S MAIER DC PA
693 SW PORT ST LUCIE BLVD
PORT ST LUCIE, FL. 34953

Signature of member or an authorized representative of a member

Signature: MICHAEL KELLY

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