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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: FORMATION OF METABOLIC MEDICINE, LLC

To Whom It May Concern:

The enclosed Articles of Organization are submitted for filing. Also, enclosed is a check in the amount of \$160.00 for the Filing Fee, Certified Copy, and Certificate of Status and an additional copy for the certified copy. Please return all correspondence concerning this matter to the address listed below. If you have any questions regarding this matter, please feel free to contact me at (386) 672-0220.

Sincerely

Lance Ashworth, D.O.

Ashworth Medical, P.A.

495 South Nova Road, Suite 107

Ormond Beach, FL 32174

Florida Limited Liability Company Articles of Organization

ARTICLE I:

The name of the limited liability company is Metabolic Medicine, LLC.

ARTICLE II:

The mailing address and the street address of the principle office of the limited liability company is 495 South Nova Road, Suite 107, Ormond Beach, Florida 32174. The county within this state in which the office of the limited liability company is to be located is Volusia County.

ARTICLE III:

The name and street address within this state of the registered agent of the limited liability company upon whom and at which process against the limited liability company can be served is Lance Ashworth, 495 South Nova Road, Suite 107, Ormond Beach, Florida 32174.

ARTICLE IV:

The name and address of the Managing member is Lance Ashworth, 923 Peninsula Drive, Ormond Beach, FL 32176.

ARTICLE V:

The future effective date of the Articles of Organization, if not effective upon filing, is October 15, 2005.

IN WITNESS WHEREOF, this certificate has been subscribed this 11th day of October, 2005, by the undersigned who affirms that the statements made herein are true under the penalties of periury.

(Signature)

(Name and capacity of signer)

Lance Hshworth, Member

Registered Agent's Signature

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 as provided for An Chapter 608, Florida Statutes.

(Registered Agent's Signature)