Electronic Articles of Organization
For
Florida Limited Liability Company

L06000014028
FILED 8:00 AM
February 08, 2006
Sec. Of State
nculligan

Article I

The name of the Limited Liability Company is:

SPINE INJURY PROFESSIONALS, LLC

Article II

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

1711 SOUTH GADSDEN STREET
TALLAHASSEE, FL. US 32317

The mailing address of the Limited Liability Company is:

6251 PHILLIPS HWY
2
JACKSONVILLE, FL. US 32216

Article III

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

TO RENDER CHIROPRACTIC SERVICES

Article IV

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

CLAUDE D-CHARLES
6251 PHILLIPS HWY
2
JACKSONVILLE, FL. 32216

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: CLAUDE D-CHARLES

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Article V

The name and address of managing members/managers are:

Title: MGR
CLAUDE D-CHARLES
6251 PHILLIPS HWY # 2
JACKSONVILLE, FL. 32216

Article VI

The effective date for this Limited Liability Company shall be:

02/08/2006

Signature of member or an authorized representative of a member

Signature: CLAUDE D-CHARLES