

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

L06000077881
FILED 8:00 AM
August 08, 2006
Sec. Of State
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Article I

The name of the Limited Liability Company is:

ALPHA CLINIC - SPINAL DECOMPRESSION CENTERS PL

Article II

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

3021 STATE ROAD 590
#117
CLEARWATER, FL. US 33759

The mailing address of the Limited Liability Company is:

3021 STATE ROAD 590
#117
CLEARWATER, FL. US 33759

Article III

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

HEALTH CARE AND SOCIAL ASSISTANCE NON-SURGICAL SPINAL
DECOMPRESSION CENTER

Article IV

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

PENNY PUGLIESE
8816 LUCUYA WAY
TEMPLE TERRACE, FL. 33637

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: PENNY PUGLIESE

Article V

The name and address of managing members/managers are:

Title: MGRM
ROD SALAZAR D.C.
3021 STATE ROAD 590, #117
CLEARWATER, FL. 33759 US

Title: MGRM
PENNY PUGLIESE B.S.R.N
3021 STATE ROAD 590, #117
CLEARWATER, FL. 33759 US

Signature of member or an authorized representative of a member

Signature: ARMINE TER-VARDANYAN, LEGALZOOM.COM, INC

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