

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

L07000053865  
FILED 8:00 AM  
May 21, 2007  
Sec. Of State  
nculligan

**Article I**

The name of the Limited Liability Company is:

COASTAL CHIROPRACTIC & REHABILITATION, LLC

**Article II**

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

5901 U.S. HIGHWAY 19  
SUITE 10  
NEW PORT RICHEY, FL. US 34652

The mailing address of the Limited Liability Company is:

5901 U.S. HIGHWAY 19  
SUITE 10  
NEW PORT RICHEY, FL. US 34652

**Article III**

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

ANY AND ALL LAWFUL BUSINESS.

**Article IV**

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

RONALD F STACEY II  
2042 ACADEMY COURT  
NEW PORT RICHEY, FL. 34655

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: RONALD F. STACEY, II

## **Article V**

The name and address of managing members/managers are:

Title: MGRM  
RONALD F STACEY II  
2042 ACADEMY COURT  
NEW PORT RICHEY, FL. 34655 US

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Signature of member or an authorized representative of a member

Signature: RONALD F. STACEY, II