

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

L07000100076
FILED 8:00 AM
October 02, 2007
Sec. Of State
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Article I

The name of the Limited Liability Company is:

SPINAL DECOMPRESSION & THERAPY CENTERS, LLC

Article II

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

1002 WEST SR 436
SUITE 1002
ALTAMONTE SPRINGS, FL. 32714

The mailing address of the Limited Liability Company is:

1002 WEST SR 436
SUITE 1002
ALTAMONTE SPRINGS, FL. 32714

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:

KELLY CARY ESQ
1140 MARKHAM WOODS RD
LONGWOOD, FL. 32779

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: KELLY CARY

Article V

The name and address of managing members/managers are:

Title: MGRM
KENNETH S ROSS DR.
1002 WEST SR 436, SUITE 1002
ALTAMONTE SPRINGS, FL. 32714

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Article VI

The effective date for this Limited Liability Company shall be:

10/15/2007

Signature of member or an authorized representative of a member

Signature: DR. KENNETH S. ROSS