Electronic Articles of Organization
For
Florida Limited Liability Company

L08000058552
FILED 8:00 AM
June 13, 2008
Sec. Of State
nculligan

Article I

The name of the Limited Liability Company is:

ACTIVE CHIROPRACTIC WELLNESS CENTER, P.L.

Article II

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

4111 ATLANTIC BOULEVARD
JACKSONVILLE, FL. 32207

The mailing address of the Limited Liability Company is:

4111 ATLANTIC BOULEVARD
JACKSONVILLE, FL. 32207

Article III

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

PROVIDING PROFESSIONAL CHIROPRACRTIC MEDICAL SERVICES

Article IV

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

VINCENT P GALLAGHER
4940 BEACH BOULEVARD
JACKSONVILLE, FL. 32207

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: S/VINCENT P. GALLAGHER

Article V

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The name and address of managing members/managers are:

Title: MGRM
CHRISTOPHER B RENNE
4111 BEACH BOULEVARD
JACKSONVILLE, FL. 32207

Signature of member or an authorized representative of a member

Signature: S/CHRISTOPHER B. RENNE