

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

L08000089000  
FILED 8:00 AM  
September 18, 2008  
Sec. Of State  
mthomas

**Article I**

The name of the Limited Liability Company is:  
DECOMPRESSION PROGRAM MANAGER, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
2650 MCCORMICK DR. STE. #190  
CLEARWATER, FL. US 33759

The mailing address of the Limited Liability Company is:  
2650 MCCORMICK DR. STE. #190  
CLEARWATER, FL. US 33759

**Article III**

The purpose for which this Limited Liability Company is organized is:  
TO MANAGE AND MAINTAIN INDIVIDUAL SPINAL DECOMPRESS  
BUSINESS MODELS.

**Article IV**

The name and Florida street address of the registered agent is:  
LANCE A LIBERTI  
79 MIDWAY ISLAND  
CLEARWATER, FL. 33767

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: LANCE A. LIBERTI

### **Article V**

The name and address of managing members/managers are:

Title: MGRM  
LANCE A LIBERTI  
79 MIDWAY ISLAND  
CLEARWATER, FL. 33767 US

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### **Article VI**

The effective date for this Limited Liability Company shall be:

09/15/2008

Signature of member or an authorized representative of a member

Signature: LANCE A. LIBERTI