

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

**L08000116509  
FILED 8:00 AM  
December 23, 2008  
Sec. Of State  
Isellers**

**Article I**

The name of the Limited Liability Company is:

VALUE CHIROPRACTIC RE-HAB CENTER LLC

**Article II**

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

33001 MARAVILLA LN  
FORT MYERS, FL. 33901

The mailing address of the Limited Liability Company is:

33001 MARAVILLA LN  
FORT MYERS, FL. 33901

**Article III**

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

HEALTH CARE

**Article IV**

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

JUDE VALLES  
8115 NW 74TH TERR  
TAMARAC, FL. 33321

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: JUDE VALLES

### **Article V**

The name and address of managing members/managers are:

Title: MGRM  
JUDE H VALLES  
8115 NW 74TH TERR  
TAMARAC, FL. 33321

Title: MGRM  
NADEGE ADAM  
2272 NORBURY DR  
SMYRNA, GA. 30080

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### **Article VI**

The effective date for this Limited Liability Company shall be:

12/21/2008

Signature of member or an authorized representative of a member

Signature: JUDE VALLES