

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

**L09000042804
FILED 8:00 AM
May 04, 2009
Sec. Of State
gharvey**

Article I

The name of the Limited Liability Company is:

BAYMEADOWS CHIROPRACTIC AND PHYSICAL THERAPY CENTER
LLC

Article II

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

8206 PHILLIPS HWY
JACKSONVILLE, FL. US 32256

The mailing address of the Limited Liability Company is:

2220 CR 210 WEST
SUITE 108 BOX 327
ST. JOHNS, FL. US 32259

Article III

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

CHIROPRACTIC

Article IV

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

AGOSTINHO OLIVEIRA
2220 CR 210 WEST
SUITE 108 BOX 327
ST. JOHNS, FL. 32259

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: AGOSTINHO OLIVEIRA

Article V

The name and address of managing members/managers are:

Title: MGRM
AGOSTINHO OLIVEIRA
2220 CR 210 W. SUIT 108 BOX 327
ST JOHNS, FL. 32259 US

Title: MGRM
NATALIE J TANZA
2220 CR 210 W. SUIT 108 BOX 327
ST JOHNS, FL. 32259 US

Title: MGRM
JENNIFER J TRUJILLO
2220 CR 210 W. SUIT 108 BOX 327
ST JOHNS, FL. 32259 US

Article VI

The effective date for this Limited Liability Company shall be:

05/01/2009

Signature of member or an authorized representative of a member

Signature: AGOSTINHO OLIVEIRA

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