

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

L09000052426
FILED 8:00 AM
May 29, 2009
Sec. Of State
ncausseaux

Article I

The name of the Limited Liability Company is:

MUA PHYSICIANS OF NAPLES LLC

Article II

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

3467 PINE RIDGE ROAD
#102
NAPLES, FL. 34109

The mailing address of the Limited Liability Company is:

3467 PINE RIDGE ROAD
#102
NAPLES, FL. 34109

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:

ALEX KRISCHANOWSKI DC PA
3467 PINE RIDGE ROAD
#102
NAPLES, FL. 34109

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: ALEX KRISCHANOWSKI

Article V

The name and address of managing members/managers are:

Title: MGRM
ALEX KRISCHANOWSKI DC PA
3467 PINE RIDGE ROAD
NAPLES, FL. 34109 US

Title: MGRM
MATHEW BLACK DR.
5064 SEASHELL AVE
NAPLES, FL. 34103 US

L09000052426
FILED 8:00 AM
May 29, 2009
Sec. Of State
ncausseaux

Article VI

The effective date for this Limited Liability Company shall be:

05/29/2009

Signature of member or an authorized representative of a member

Signature: CHRISTOPHER J CONA