

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

L09000084841
FILED 8:00 AM
September 02, 2009
Sec. Of State
dbruce

Article I

The name of the Limited Liability Company is:

SANTA BARBARA PAIN AND INJURY REHAB, LLC

Article II

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

2006 SANTA BARBARA BLVD
NAPLES, FL. US 34116

The mailing address of the Limited Liability Company is:

14658 INDIGO LAKES CIRCLE
NAPLES, FL. 34119

Article III

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

TO PROVIDE HEALTH CARE SERVICES. OWNER IS A CHIROPRACTOR.

Article IV

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

DAVID E COLLINS
2006 SANTA BARBARA BLVD
NAPLES, FL. 34116

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: DAVID E COLLINS

Article V

The name and address of managing members/managers are:

Title: MGRM
DAVID E COLLINS
14658 INDIGO LAKES CIRCLE
NAPLES, FL. 34119

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Article VI

The effective date for this Limited Liability Company shall be:

09/01/2009

Signature of member or an authorized representative of a member

Signature: DAVID E COLLINS