

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

L09000094573
FILED 8:00 AM
September 30, 2009
Sec. Of State
jbryan

Article I

The name of the Limited Liability Company is:

THE SPINE INSTITUTE IN OA, P.L.

Article II

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

1034 MAR WALT DRIVE
FORT WALTON BEACH, FL. US 32547

The mailing address of the Limited Liability Company is:

1034 MAR WALT DRIVE
FORT WALTON BEACH, FL. US 32547

Article III

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

PRACTICE OF MEDICINE

Article IV

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

WILLIAM SCOTT FOSTER
909 MAR WALT DRIVE, SUITE 1014
FORT WALTON BEACH, FL. 32547

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: WILLIAM SCOTT FOSTER

Article V

The name and address of managing members/managers are:

Title: MGRM
KORNELIUS POELSTRA
1034 MAR WALT DRIVE
FORT WALTON BEACH, FL. 32547 US

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Article VI

The effective date for this Limited Liability Company shall be:

09/30/2009

Signature of member or an authorized representative of a member

Signature: WILLIAM SCOTT FOSTER