

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

L09000098071
FILED 8:00 AM
October 12, 2009
Sec. Of State
gmcleod

Article I

The name of the Limited Liability Company is:
CHIROMED HEALTH CLINIC WPB LLC

Article II

The street address of the principal office of the Limited Liability Company is:
9200 BELVEDERE ROAD SUITE 103
WEST PALM BEACH, FL. 33411

The mailing address of the Limited Liability Company is:
9200 BELVEDERE ROAD SUITE 103
WEST PALM BEACH, FL. 33411

Article III

The purpose for which this Limited Liability Company is organized is:
MEDICAL DOCTOR OFFICE

Article IV

The name and Florida street address of the registered agent is:
JINGRU GLORIA GUO
9200 BELVEDERE ROAD SUITE 103
WEST PALM BEACH, FL. 33411

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: JINGRU GLORIA GUO

Article V

The name and address of managing members/managers are:

Title: MGRM
DR EMMANUEL G ACOSTA
9200 BELVEDERE ROAD SUITE 103
WEST PALM BEACH, FL. 33411

Title: MGR
JINGRU GLORIA GUO
9200 BELVEDERE ROAD SUITE 103
WEST PALM BEACH, FL. 33411

Article VI

The effective date for this Limited Liability Company shall be:

10/10/2009

Signature of member or an authorized representative of a member

Signature: DR EMMANUEL G ACOSTA

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