

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

L09000119676
FILED 8:00 AM
December 17, 2009
Sec. Of State
ncausseaux

Article I

The name of the Limited Liability Company is:

RIVERSIDE CHIROPRACTIC & REHABILITATION, LLC

Article II

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

3615 CENTRAL AVENUE
SUITE 5A
FORT MYERS, FL. 33901

The mailing address of the Limited Liability Company is:

3615 CENTRAL AVENUE
SUITE 5A
FORT MYERS, FL. 33901

Article III

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

TO PROVIDE CHIROPRACTIC AND REHABILITATION SERVICES ALONG
WITH MASSAGE AS LISTED UNDER FLORIDA STATE SCOPE OF
PRACTICES. IN ASSITING THE COMMUNITY AND GENERAL PUBLIC
WITH THEIR HEALTHCARE NEEDS.

Article IV

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

ROBERT D BUCHANAN
3615 CENTRAL AVENUE
SUITE 5A
FORT MYERS, FL. 33901

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: ROBERT D. BUCHANAN

Article V

The name and address of managing members/managers are:

Title: MGR
ROBERT D BUCHANAN
3615 CENTRAL AVENUE, SUITE 5A
FORT MYERS,, FL. 33901 US

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Article VI

The effective date for this Limited Liability Company shall be:

01/01/2010

Signature of member or an authorized representative of a member

Signature: ROBERT D. BUCHANAN