

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

L10000005914  
FILED 8:00 AM  
January 19, 2010  
Sec. Of State  
Isellers

**Article I**

The name of the Limited Liability Company is:  
TRADITIONAL HEALTHCARE CENTER LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
4052 STAGHORN LANE  
WESTON, FL. 33331

The mailing address of the Limited Liability Company is:  
4052 STAGHORN LANE  
WESTON, FL. 33331

**Article III**

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

**Article IV**

The name and Florida street address of the registered agent is:  
LAUREN E EADEH  
4052 STAGHORN LANE  
WESTON, FL. 33331

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: LAUREN EADEH

### **Article V**

The name and address of managing members/managers are:

Title: MGR  
LAUREN E EADEH  
4052 STAGHORN LANE  
WESTON, FL. 33331

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### **Article VI**

The effective date for this Limited Liability Company shall be:

01/16/2010

Signature of member or an authorized representative of a member

Signature: LAUREN EADEH