

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

L10000039318
FILED 8:00 AM
April 12, 2010
Sec. Of State
dbruce

Article I

The name of the Limited Liability Company is:

ALLIED CHIROPRACTIC CENTER LLC

Article II

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

5905 TOMOKA DR
ORLANDO, FL. 32809

The mailing address of the Limited Liability Company is:

5905 TOMOKA DR
ORLANDO, FL. 32809

Article III

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

ANY AND ALL LAWFUL BUSINESS.

Article IV

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

RODNEY FOUNTAIN
4832 EDEN VIEW CT
ORLANDO, FL. 32810

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: RODNEY FOUNTAIN

Article V

The name and address of managing members/managers are:

Title: MGRM
RODNEY FOUNTAIN
4832 EDEN VIEW CT
ORLANDO, FL. 32810

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Article VI

The effective date for this Limited Liability Company shall be:

04/12/2010

Signature of member or an authorized representative of a member

Signature: RODNEY FOUNTAIN