Electronic Articles of Organization
For
Florida Limited Liability Company

L10000070196
FILED 8:00 AM
July 01, 2010
Sec. Of State
lsellers

Article I

The name of the Limited Liability Company is:

REHAB FAMILY CHIROPRACTIC LLC

Article II

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

2430 SHADOW LAWN DRIVE
13
NAPLES, FL. 34112

The mailing address of the Limited Liability Company is:

2430 SHADOW LAWN DRIVE
13
NAPLES, FL. 34112

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:

SHERLEY MAREUS
2720 CYPRESS TRACE CIRCLE
2429
NAPLES, FL. 34119

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: SHERLEY MAREUS

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Article V

The name and address of managing members/managers are:

Title: MGRM
CLAUDE FLEURINOR
2720 CYPRESS TRACE CIRCLE
NAPLES, FL. 34119

Title: MGRM
SHERLEY MAREUS
2720 CYPRESS TRACE CIRCLE
NAPLES, FL. 34119

Article VI

The effective date for this Limited Liability Company shall be:

07/01/2010

Signature of member or an authorized representative of a member

Signature: SHERLEY MAREUS