Electronic Articles of Organization
For
Florida Limited Liability Company

L10000076221
FILED 8:00 AM
July 20, 2010
Sec. Of State
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Article I

The name of the Limited Liability Company is:

NORTHEAST FLORIDA NON-SURGICAL SPINE CARE, LLC

Article II

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

1901 N. UNIVERSITY BLVD.
JACKSONVILLE, FL. US 32211

The mailing address of the Limited Liability Company is:

2849 EVERHOLLY LANE
JACKSONVILLE, FL. US 32223

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:

SHEA M MOSER
501 WEST BAY STREET
JACKSONVILLE, FL. 32202

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: SHEA MOSER

Article V

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The name and address of managing members/managers are:

Title: MGRM
BLAKE C MOSER
2849 EVERHOLLY LANE
JACKSONVILLE, FL. 32223 US

Signature of member or an authorized representative of a member

Signature: BLAKE MOSER