

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

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FILED 8:00 AM  
September 13, 2010  
Sec. Of State  
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**Article I**

The name of the Limited Liability Company is:

BROTH SPINE AND REHABILITATION CENTERS LLC

**Article II**

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

902 SW LOST RIVERSHORES DR  
STUART, FL. 34997

The mailing address of the Limited Liability Company is:

902 SW LOST RIVERSHORES DR  
STUART, FL. 34997

**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:

WAYNE BROTH  
902 SW LOST RIVERSHORES DR  
STUART, FL. 34997

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: WAYNE BROTH

## **Article V**

The name and address of managing members/managers are:

Title: MGRM  
WAYNE BROTH  
902 SW LOST RIVERSHORES DR  
STUART, FL. 34997

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Signature of member or an authorized representative of a member

Signature: WAYNE BROTH