

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

L10000096179
FILED 8:00 AM
September 14, 2010
Sec. Of State
jbryan

Article I

The name of the Limited Liability Company is:
TRI-COUNTY ACCIDENT CLINIC, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
1747 NORTH UNIVERSITY DRIVE
PLANTATION, FL. US 33322

The mailing address of the Limited Liability Company is:
1747 NORTH UNIVERSITY DRIVE
PLANTATION, FL. US 33322

Article III

The purpose for which this Limited Liability Company is organized is:
TO PROVIDE CHIROPRACTIC AND RELATED HEALTHCARE SERVICES.

Article IV

The name and Florida street address of the registered agent is:
ANTHONY CROTHERS DC
1747 NORTH UNIVERSITY DRIVE
PLANTATION, FL. 33322

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: ANTHONY CROTHERS, DC

Signature of member or an authorized representative of a member

Signature: ANTHONY CROTHERS DC