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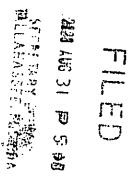
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COVER LETTER

Division o	on Section Corporations		
	ET CLINIC SITE 1, LLC		
	Name of L	imited Liability Company	
The enclosed Article	s of Amendment and fee(s) are si	ubmitted for filing.	
Please return all corr	espondence concerning this matte	er to the following:	
	BARRY DOVE		
		Name of Person	
	MORE T CLINIC SITE	1,LLC	
	ISS Concer Description	Firm/Company	
	155 Cranes Roost Blvd., Su	ite 2060	
	Altamonte Springs, Florida	Address 32701	
	patents@barrydove.com	City/State and Zip Code	
	E-mail address:	(to be used for future annual report not	ification)
For further informatio	n concerning this matter, please of	all:	
Barry Dove		972 220-8007	
Nam	e of Person	at ()	ie Telephone Number
		Area Code Daytim	e Telephone Number
Enclosed is a check fo	r the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Adda Registration Division of P.O. Box 6: Tallahassee	n Section Corporations 327	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe	porations

Tallahassee, FL 32303

RESTATED ARTICLES OF ORGANIZATION MORE T CLINIC SITE 1, LLC

The Articles of Organization for this Limited Liability Company were filed on June 17, 2013, and assigned Florida document number L13000086752.

Article I

The name of the Florida Limited Liability Company:

MORE T CLINIC SITE 1, LLC

Article II

The street address of the principal office and mailing address of the Limited Liability Company is: 155 Cranes Roost Blvd., Suite 2060, Altamonte Springs, Florida 32701

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:

James Horgan

155 Cranes Roost Blvd., Suite 2060, Altamonte Springs, Florida 32701

Article V

The name and address of Authorized Persons (managing members/managers) are:

Title: Manager, Authorized Member

Name: More T, LLC

Address: 155 Cranes Roost Blvd., Suite 2060, Altamonte Springs, Florida 32701

Title: Medical Director More T Clinics Site 1

Name: Dr. Robert Roy Miles

Address: 125010 Twinburch Acres Road, Tampa, Florida 33626

Title: President Name: Barry Dove

Address: 155 Cranes Roost Blvd., Suite 2060, Altamonte Springs, Florida 32701

Title: VP

Name: James Horgan

Address: 155 Cranes Roost Blvd., Suite 2060, Altamonte Springs, Florida 32701

Article VI

Signature of member or an authorized representative of a member:

I am the member or authorized representative submitting these Restated Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in Section 817.155, F.S.