

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

L200002
FILED 8:
July 22,
Sec. Of s
jharris

Article I

The name of the Limited Liability Company is:

SUNCOAST REGENERATIVE MEDICAL CLINIC LLC

Article II

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

1575 PINE RIDGE ROAD
SUITE 19
NAPLES, FL. 34109

The mailing address of the Limited Liability Company is:

1575 PINE RIDGE ROAD
SUITE 19
NAPLES, FL. 34109

Article III

The name and Florida street address of the registered agent is:

SCOTT WADMAN
1575 PINE RIDGE ROAD
SUITE 19
NAPLES, FL. 34109

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: SCOTT WADMAN

Article IV

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The name and address of person(s) authorized to manage LLC:

Title: MGR
SCOTT WADMAN
1575 PINE RIDGE ROAD, SUITE 19
NAPLES, FL. 34109

Title: MGR
DAVE ROWE
110 MAIN AVE N
MAGEE, MS. 39111

Title: MGR
RANDALL FIELD
110 MAIN AVE N
MAGEE, MS. 39111

Signature of member or an authorized representative

Electronic Signature: JASON E. ROSEN, ESQ.

I am the member or authorized representative submitting these 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 s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.