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GRIECO & SCALERA, P.A.
ATTORNEYS AND COUNSELORS OF LAW

MARK M. GRIECO

D.J. "JACK" SCALERA, III

TRANSMITTAL LETTER

March 29, 1999

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

400002827684--4
-04/02/99--01029--004
****293.75 ****293.75

Subject: A. Kaufman Chiropractic Center, L.L.C.

Enclosed please find an original and one (1) copy of the articles of organization for the above company and a check in the amount of \$293.75.

Sincerely,

Mark M. Grieco

Mark M. Grieco

enclosures

FILED
99 APR -2 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L99-1944

Name	0047
Availability	
Document	
Examination	
Inspector	
Notary	
Witness	
Acknowledgment	
W. P. Verifier	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: A. Kaufman Chiropractic Center, L.L.C.

ARTICLE II - Address

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

1225 45th Street
Suite 307
West Palm Beach, FL 33407

ARTICLE III - Duration

The period of duration for the Limited Liability Company shall be until the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member.

ARTICLE IV - Management:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member is:

Neil Kaufman
1225 45th Street
Suite 307
West Palm Beach, FL 33407

ARTICLE V - Admission of Additional Members

Upon unanimous vote of all members, the Company shall be allowed to admit additional members.

ARTICLE VI - Affidavit of Membership and Contributions

The undersigned member certifies:

1) the above named limited liability company has at least one member;

2) the total amount of cash contributed by the member(s) is

\$ 100.00 ;

3) if any, the agreed value of property other than cash contributed by member(s) is
(a description of the property is attached and made a part hereto.); and

\$ 0.00

4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is

\$ 100.00

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TALLAHASSEE, FLORIDA

ARTICLE VII - Registered Agent

The initial registered agent and address of the company is:

Neil Kaufman
1225 45th Street
Suite 307
West Palm Beach, FL 33407


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Neil Kaufman
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 608.507, Florida Statutes, the undersigned limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the limited liability company is: A. Kaufman Chiropractic Center, L.L.C.
2. The name and address of the registered agent and office is:

Neil Kaufman
1225 45th Street
Suite 307
West Palm Beach, FL 33407

Signature

Title:

Date:

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION 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.

Signature

Date:

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09 APR -2 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA