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MILTON H. BAXLEY II
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1929 N.W. 12th TERRACE
GAINESVILLE, FLORIDA 32609

MILTON H. BAXLEY II
PERSONAL INJURY AND WRONGFUL DEATH
TRIAL PRACTICE
GENERAL PRACTICE
CERTIFIED CIRCUIT COURT MEDIATOR

June 22, 1999

MAILING ADDRESS
1929 N.W. 12TH TERRACE
GAINESVILLE, FLORIDA 32609
Telephone (352) 375 - 1616
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Honorable Katherine Harris
Secretary of State
State of Florida
The Capitol
Tallahassee, Florida 32339-0001

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-06/28/99-01102-010
***285.00 ***285.00

Re: Articles of Organization of Florida School of Acupuncture and Oriental
Medicine, L.L.C., and The Healing Arts Center, L.L.C.

Dear Ms. Harris:

W99-15331

I am enclosing the following documents:

1. Articles of Organization of Florida School of Acupuncture and Oriental Medicine, L.L.C., together with a Certificate of Designation of Registered Agent, and a check in the amount of \$285.00, as filing fee; and
2. Articles of Organization of The Healing Arts Center, L.L.C., together with a Certificate of Designation of Registered Agent, and a check in the amount of \$285.00, as filing fee.

Please file both of the enclosed Articles of Organization at the earliest possible time and send your confirmation to me. If you require anything else to effectively establish the above referenced limited liability company, please advise me immediately.

Very truly yours,

Milton H. Baxley II

Milton H. Baxley II

Enclosures
cc: Mr. David N. Bole

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

July 1, 1999

MILTON H. BAXLEY II
ATTORNEY AT LAW
1929 N.W. 12TH TERRACE
GAINESVILLE, FL 32609

SUBJECT: HEALING ARTS CENTER, L.L.C.
Ref. Number: W99000015331

We have received your document for HEALING ARTS CENTER, L.L.C. and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Attached is a new, blank form. Please either use our form, or retitle your application ARTICLES OF ORGANIZATION AND AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FLORIDA LIMITED LIABILITY COMPANY.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers
Document Specialist

Letter Number: 499A00034767

MILTON H. BAXLEY II

ATTORNEY AT LAW
1929 N.W. 12th TERRACE
GAINESVILLE, FLORIDA 32609

MILTON H. BAXLEY II
PERSONAL INJURY AND WRONGFUL DEATH
TRIAL PRACTICE
GENERAL PRACTICE
CERTIFIED CIRCUIT COURT MEDIATOR

July 12, 1999

MAILING ADDRESS
1929 N.W. 12 TH TERRACE
GAINESVILLE, FLORIDA 32609
Telephone (352) 375 - 1616
Fax (352) 335 - 8448

Honorable Katherine Harris
Secretary of State
State of Florida
The Capitol
Tallahassee, Florida 32339-0001

ATTN: Ms. Lee Rivers , Document Specialist

Re: Articles of Organization of Florida School of Acupuncture and Oriental
Medicine, L.L.C., and The Healing Arts Center, L.L.C.

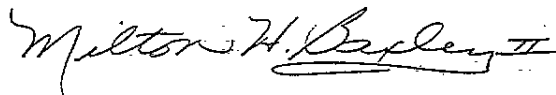
Dear Ms. Harris:

I am enclosing the following documents:

1. Corrected Articles of Organization of Florida School of Acupuncture and Oriental
Medicine, L.L.C., together with a Certificate of Designation of Registered Agent; and
2. Corrected Articles of Organization of The Healing Arts Center, L.L.C., together with a
Certificate of Designation of Registered Agent.

Please file both of the enclosed Articles of Organization at the earliest possible time and
send your confirmation to me. The two checks for the filing fees were previously sent to you, but
were not returned to me. If you require anything else to effectively establish the above referenced
limited liability company, please advise me immediately.

Very truly yours,



Milton H. Baxley II

Enclosures
cc: Mr. David N. Bole

**ARTICLES OF ORGANIZATION AND AFFIDAVIT OF
CAPITAL CONTRIBUTIONS FOR FLORIDA LIMITED
LIABILITY COMPANY**

ARTICLE I

The name of the Limited Liability Company is:

HEALING ARTS CENTER, L.L.C.

ARTICLE II

The mailing address and street address of the principle office of the limited liability company is:

1705 N.W. 6th Street
Gainesville, Florida 32609.

ARTICLE III

The period of duration for HEALING ARTS CENTER, L.L.C. shall be perpetual.

ARTICLE IV

The limited liability company is to be managed by one manager, whose address is:

David N. Bole
1705 N.W. 6th Street
Gainesville, Florida 32609.

ARTICLE V

The beginning members of this limited liability company shall be:

David N. Bole
1705 N.W. 6th Street
Gainesville, Florida 32609

Joy R. Bole
1705 N.W. 6th Street
Gainesville, Florida 32609

Addition members shall be admitted upon majority vote of existing members.

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TALLAHASSEE FLORIDA

ARTICLE IV

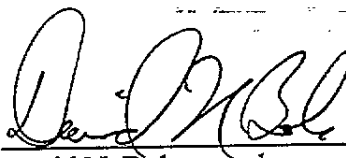
In the event that any one member of the limited liability company can no longer serve as a member, due to death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company, the remaining members of the limited liability company shall be authorized to continue the business.

ARTICLE VII

The undersigned member David N. Bole of HEALING ARTS CENTER, L.L.C., certifies that:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the members is: \$ 500.00 ;
- 3) the agreed value of property other than cash contributed by members is: \$ None ;
- 4) the total amount of cash and property contributed and anticipated to be contributed by members is: \$ 500.00

I HEREBY CERTIFY that the facts set forth herein are true and correct to the best of my knowledge, information and belief.



David N. Bole, member

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TALLAHASSEE FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE
STATE OF FLORIDA.

1. The name of the limited liability company is:

HEALING ARTS CENTER, L.L.C.

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

Milton H. Baxley II
c/o 1929 N.W. 12th Terrace
Gainesville, Florida [32609]

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 obligation of my position as registered agent.


Milton H. Baxley II

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