

3
CORRESPONDING OFFICE
One Gateway Center
Suite 2600
Newark, New Jersey 07102

Name
 Availability
 Document
 Examiner
 Updater
 Updater
 Verifier
 Acknowledgement
 W. P. Verifier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

ATLANTIS CENTER FOR NATURAL MEDICINE, LLC

ARTICLE II - Address

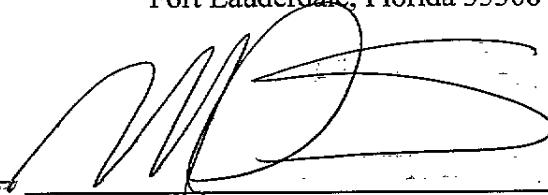
The mailing address and street address of the principle office if the Limited Liability Company is:

767 Villa Portofino Circle
Deerfield Beach, FL 33442

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

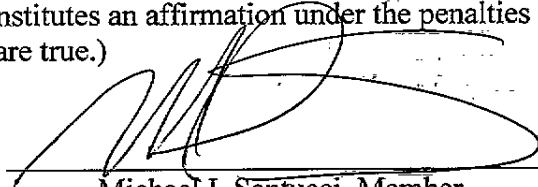
MICHAEL I. SANTUCCI

4901 North Federal Highway, Suite 440
Fort Lauderdale, Florida 33308



MICHAEL I. SANTUCCI, Member

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



Michael I. Santucci, Member

Prepared By:
LAW OFFICES OF
MICHAEL I. SANTUCCI, P.A.
4901 North Federal Highway
Suite 440
Fort Lauderdale, FL 33308
Telephone: (954) 492-0071
Florida Bar No. 0105260

FILED
99 OCT 14 PM 5:00
SECRETARY OF STATE
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 OF DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE
STATE OF FLORIDA

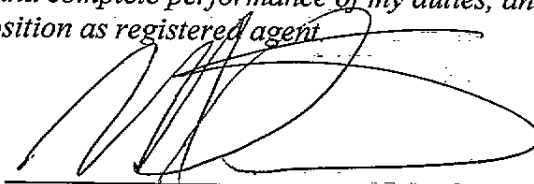
1. The name of the limited liability company is:

ATLANTIS CENTER FOR NATURAL MEDICINE, LLC

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

MICHAEL I. SANTUCCI
4901 NORTH FEDERAL HIGHWAY, SUITE 440
FORT LAUDERDALE, FL 33308

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.



MICHAEL I. SANTUCCI

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TALLAHASSEE, FLORIDA