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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed:

2/10/2015 3:42 PM Fee Receipt: \$40.00

Articles of Organization For BLUE GRASS INJURY CARE CENTER, L.L.C. Limited Liability Company

Article I

The name of the Limited Liability Company is: BLUEGRASS INJURY CARE CENTER, L.L.C.

Article II

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

1019 Majestic Drive Suite 160. Lexington, KY 40513

The mailing address of the Limited Liability Company is:

1019 Majestic Drive Suite 160. Lexington, KY 40513

Article III

The purpose for which this Limited Liability Company is:

ORGANIZED FOR THE SOLE AND SPECIFIC PURPOSE OF RENDERING HEALTHCARE SERVICES

Article IV

The Registered Agent for this Limited Liability Company is:

JAMES H. HEAPHY 1019 Majestic Drive Suite 160. Lexington, KY 40513

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:

JAMES H. HEAPHY

Article V

The Initial Manager/Member for this Limited Liability Company is:

Title: MEMBER JAMES H. HEAPHY 1019 Majestic Drive Suite 160. Lexington, KY 40513

Title: MANAGER JAMES H. HEAPHY 1019 Majestic Drive Suite 160. Lexington, KY 40513

Article VI

The effective date for this Limited Liability Company shall be: 02/10/2015

Signature of member or an authorized representative of a member

Signature:

JAMES H. HEAPHY