

# Certificate of Limited Partnership

A07000001187  
FILED  
October 19, 2007  
Sec. Of State  
gharvey

Name of Limited Partnership:

COMPREHENSIVE PAIN CENTER, LP

Street Address of Limited Partnership:

9090 SW 87TH AVE  
STE 102  
MIAMI, FL. US 33176

Mailing Address of Limited Partnership:

9090 SW 87TH AVE  
STE 102  
MIAMI, FL. US 33176

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL. 32301

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: AMANDA ROATH

The name and address of all general partners are:

Title: G  
COMPREHENSIVE PAIN CENTER INC.  
6401 SW 87TH AVE STE 108  
MIAMI, FL. 33173 US

Signed this Nineteenth day of October, 2007

I (we) declare the I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

General Partner Signature: ROBERT . GOLDSTEIN, CPA