

Milton & Burningham

ATTORNEYS AND COUNSELORS AT LAW
A PARTNERSHIP OF PROFESSIONAL CORPORATION

JAY W. MITTON*
I. DAVID BURNINGHAM*
SCOTT L. SOELBERG*
SCOTT J. PAUX*
I. RANDALL RICHARDS*
THOMAS D. NEUFMANN
IN CALIFORNIA
M. OREGO PAGER*

*ADMITTED IN TEXAS
*ADMITTED IN CALIFORNIA AND TEXAS
*ADMITTED IN ILLINOIS AND TEXAS
*ADMITTED IN TEXAS, CALIFORNIA AND TEXAS

NEWPORT BEACH OFFICE
4500 MACARTHUR BOULEVARD
SUITE 500
NEWPORT BEACH, CALIFORNIA 92660
(714) 253-9599
FAX (801) 595-1250

SAN FRANCISCO OFFICE
CITICORP CENTER, SUITE 2100
ONE SANSONE STREET
SAN FRANCISCO, CALIFORNIA 94104
(415) 951-4759
FAX (801) 595-1250

SALT LAKE CITY OFFICE
14 SOUTH 400 EAST
SALT LAKE CITY, UTAH 84111
(801) 595-1250
FAX (801) 595-1250

DALLAS TEXAS OFFICE
11355 NOE ROAD SUITE 500
DALLAS, TEXAS 75240
(214) 702-3035
FAX (801) 595-1250

A95000000192

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: THE PAIN CONSULTANTS FAMILY LIMITED PARTNERSHIP

To Whom It May Concern:

Enclosed for filing in your office are the following:

1. Two Certificates of Limited Partnership for the above-named Partnership.
2. A Check for \$87.50 for the filing fee. (\$52.50 for the contribution made by Limited Partners and \$35.00 for designation of registered agent.)
3. An Affidavit of General Partners.

Thank you for your assistance.

Very truly yours,

Scott L. Soelberg
Attorney at Law

RECEIVED 3/24/94
11:15 AM
*****50 *****50

SLS/jt

Enclosures

CERTIFICATE OF LIMITED PARTNERSHIP
OF
THE PAIN CONSULTANTS FAMILY
LIMITED PARTNERSHIP
A Florida Limited Partnership

The party hereto does hereby certify that an Agreement was made effective the 6th day of JANUARY, 1995, at North Palm Beach, Florida:

W I T N E S S E T H :

1. Name. The name of this Limited Partnership is THE PAIN CONSULTANTS FAMILY LIMITED PARTNERSHIP.

2. Address of Office Where Records are Kept. The address of the office where records are maintained pursuant to Section 620.106 is 824 Beach Club Way, North Palm Beach, Florida 33408.

3. Name and Address of Agent for Service of Process. The name and address for the agent for service of process is:

| <u>NAME</u> | <u>ADDRESS</u> |
|--------------|---|
| Neal H. Isil | 824 Beach Club Way North Palm Beach, Florida 33408 |

4. Name and Business Address of General Partner. The name and business address of the General Partner is:

| <u>GENERAL PARTNER</u> | <u>PLACE OF BUSINESS</u> |
|------------------------|---|
| Neal H. Isil | 824 Beach Club Way North Palm Beach, Florida 33408 |

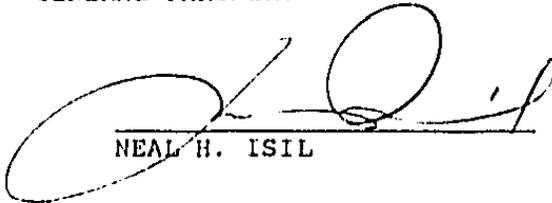
5. Mailing Address. The mailing address of this Limited Partnership is 824 Beach Club Way, North Palm Beach, Florida 33408.

RECORDED
FILED

6. ~~TERM~~. The Limited Partnership shall begin on the date the Certificate of Limited Partnership is filed with the Department of State, and shall continue for 25 years thereafter unless sooner dissolved by law or by agreement of the partners or unless extended by a majority agreement of the Partners.

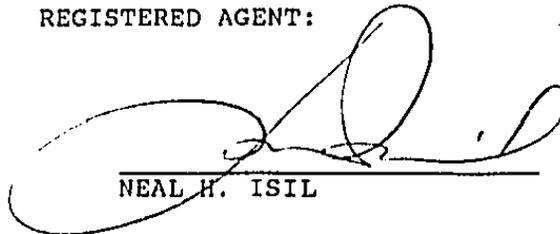
The Undersigned as sole General Partner of this Limited Partnership executes and files this certificate as required by Sections 620.108, 620.114 and 620.116 of the above-referenced Act.

GENERAL PARTNER:


NEAL H. ISIL

I hereby acknowledge acceptance as Registered Agent for The Pain Consultants Family Limited Partnership.

REGISTERED AGENT:


NEAL H. ISIL

FILED
1995 JUN 30 11:01

AFFIDAVIT OF GENERAL PARTNER

OF

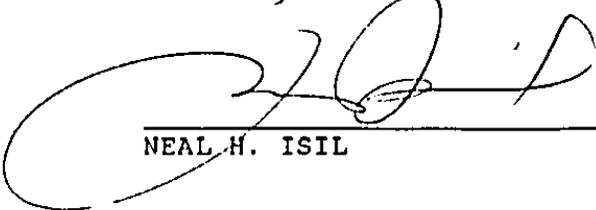
THE PAIN CONSULTANTS FAMILY LIMITED PARTNERSHIP

STATE OF Utah)
COUNTY OF Salt Lake) SS.

The Undersigned, being the General Partner of the above-named Limited Partnership, having been duly sworn, does hereby state as follows:

1. That the Undersigned is the General Partner of the above-named Limited Partnership.
2. That the total contributions of Limited Partners in the above-named Limited Partnership do not exceed \$100.00.
3. No additional contribution by the Limited Partners is anticipated.

DATED the 6th day of JANUARY, 1995.



NEAL H. ISIL

The foregoing instrument was acknowledged before me this 6th day of JANUARY, 1995, by Neal H. Isil.

Notary Public
Residing at:

My commission expires:

FILE ON OR BEFORE APRIL 5, 1996 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNER REPORT
ANNUAL REPORT
1996



OFFICE OF THE SECRETARY OF STATE
CORPORATION DIVISION
TALLAHASSEE, FLORIDA
32399-0001

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 APR -9 PM 4:12

62
4/10

1. Name of Partnership
1a. DOCUMENT #
A95000000192

THE PAIN CONSULTANTS FAMILY LIMITED PARTNERSHIP

Principal Office Address
**824 BEACH CLUB WAY
NORTH PALM BEACH FL 33400**

Registered Office Address
**824 BEACH CLUB WAY
NORTH PALM BEACH FL 33400**

2. Filing Method (Check one)

By Mail **400000192**
04/15/96 01047-019
By In-Person **+++191.25 +++191.25**

2a. Filing Fee (Check one)

By Mail

By In-Person

3. Filing Date
FLORIDA
01/30/1995

3a. Filing Period
12-7-94

4. Filing State
FL

5a. Filing Fee
\$100.00

5b. Amount of the Contribution
\$100.

6. Telephone Number
65-0570914

7. CERTIFICATE OF STATUS REQUIRED

**\$3.75 Additional Fee Required
for a Certificate of Status**

8. FEES: (1) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$2.50 and a maximum of \$437.50.
(2) Supplemental Fee: \$138.75 (pursuant to section 607.193, F.S.)
THE ABOVE FEES ARE PAYABLE TO THE SECRETARY OF STATE, 3000 GULF BLVD., SUITE 400, TALLAHASSEE, FLORIDA 32399-0001.
NOTE: If the partnership is a general partner in another state, a supplemental filing fee must be paid in that state along with the appropriate filing fee.
PAID BY CHECK PAYABLE TO THE SECRETARY OF STATE

9. Name and Address of Current Registered Agent

**ISIL, NEAL H
824 BEACH CLUB WAY
NORTH PALM BEACH FL 33408**

10. Name and Address of Registered Agent Office

Name _____
Street Address _____
City _____
State _____ Zip Code **FL**

10a. This partnership is a limited liability partnership (LLP) as defined in section 603.06, Florida Statutes. The state of Florida is the jurisdiction of the partnership, organized or being organized under the laws of the state of Florida, subject to the state and federal laws pertaining to the partnership. This is a general partner in the state of Florida. The partnership is a limited liability partnership. The partnership has accepted the appointment of registered agent in Florida and is subject to the laws of the state of Florida.

Signature of Registered Agent Accepting Appointment

(DATE)

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name of General Partner

ISIL, NEAL H

11a. Address of Each General Partner

824 BEACH CLUB WAY

11b. City, State & Zip Code

NORTH PALM BEACH FL 33408

11c. Registration Document Number

N/A

NOTE: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. Signature of General Partner

NEAL H. ISIL

3/31/96

407/626-0896

CRECOR (1/96)