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CORAL GABLES, FL 33134 - (305) 445-2700

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CERTIFICATE OF LIMITED PARTNERSHIP OF THE FLYNN FAMILY LIMITED PARTNERSHIP, a Florida limited partnership

The undersigned General Partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act (1993), hereby states:

ARTICLE 1 - NAME

The name of the Partnership is THE FLYNN FAMILY LIMITED PARTNERSHIP.

ARTICLE 2 - OFFICE ADDRESS

The address of the office of the Partnership is 4929 Lyford Cay Road, Tampa, Florida 33629.

ARTICLE 3 - MAILING ADDRESS

The mailing address of the Partnership is the same.

<u>ARTICLE 4 - GENERAL PARTNER</u>

P93000005603

The name and business address of the general partners are Florida Pain Institute, Inc., a Florida corporation of 4700 North Habana Avenue, Suite 601, Tampa, Florida 33614, Gregory T. Flynn of 4929 Lyford Cay Road, Tampa, Florida 33629 and Myrna I. DeJesus of 4929 Lyford Cay Road, Tampa, Florida 33629.

ARTICLE 5 - REGISTERED OFFICE AND REGISTERED AGENT

The initial address of registered office of this Partnership is AmeriLawyer®, located at 343 Almeria Avenue, Coral Gables, Florida 33134. The name and address of the registered agent of this Partnership is AmeriLawyer®, located at 343 Almeria Avenue, Coral Gables, Florida 33134.

ARTICLE 6 - DISSOLUTION

The latest date upon which the Partnership shall dissolve is ninety nine years from the date of filing of this Certificate of Limited Partnership with the Florida Secretary of State.

The execution of this certificate by the undersigned General Partner constitute an affirmation under the penalties of perjury that the facts stated herein are the.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed on behalf of the sole General Partner of THE FLYNN FAMILY LIMITED PARTNERSHIP this 18 September 1998.

GENERAL PARTNERS:

Florida Pain Institute, Inc.

Gregory T. Flynn/ Myrna I. De Jesus

Natalia Utrera, Esquire

Authorized Agent and Attorney at Law

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as statutory registered agent for THE FLYNN FAMILY LIMITED PARTNERSHIP, a Florida limited partnership (the "Partnership"), in the foregoing Certificate of Limited Partnership, We hereby agree to act in that capacity, and, on behalf of the Partnership, to accept service of process for the Partnership and to comply with any and all statutes relative to the complete and proper performance of the duties of registered agent. AmeriLawyer®, having a business office identical with the registered office of the Partnership name above, and having been designated as the Registered Agent in the above and foregoing Certificate of Limited Partnership, is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

The Law Firm of Lawrence J. Spiegel,

Chartered doing business as

AmeriLaw ve

Bv:

Natalia Utrera, Vice President

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

STATE OF FLORIDA COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared Natalia Utres, Authorized Agent and Attorney at Law of Florida Pain Institute, Inc., Gregory T. Flyng and Myrna I. DeJesus the general partners of THE FLYNN FAMILY LIMITED PARTNERSHIP (the "Partnership"), who, upon being duly sworn, certified as follows:

- 1. The amount of capital contributions to the Partnership made by the limited partners is, in the aggregate, One Thousand Dollars and No/100 (\$1,000.00) Dollars.
- 2. At this time, it is not anticipated that additional capital contributions will be made by the limited partners.

Under penalties of perjury I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

Natalia Utrefa, Esquire

Dated this 18 September 1998

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared Natalia Utrera, known to me to be the person who executed the foregoing Affidavit of Capital Contributions, and she acknowledged to me and before me that she executed this Affidavit as Authorized Agent and Attorney at Law of Florida Pain Institute, Inc., Gregory T. Flynn and Myrna I. DeJesus, General Partners of THE FLYNN FAMILY LIMITED PARTNERSHIP

IN WITNESS WHEREOF, I have set my hand and affixed my official seal in the State and County aforesaid, this 18 September 1998.

(SEAL)



NOTARY PUBLIC, State of Florida at Large