

L01 0000005395

*Delaware Professional Services Corporation*

Tel. (518) 427-9953

Fax (518) 432-0742

46 State Street, 5th Floor  
Albany, NY 12207

1201 N. Orange St., Suite 762  
Wilmington, DE 19801

April 3, 2001

Department of State  
Division of Corporation  
409 E. Gaines St.  
Tallahassee Fl. 32399

000003959410--6  
-04/04/01--01089--003  
\*\*\*\*155.00 \*\*\*\*155.00

Dear Sir or Madam:

Enclosed please find one original and one copy of the Articles of Organization for

**North East Pain Management LLC**

together with the check for the amount of \$155.00 (\$125.00 Filing fee for Articles of Organization; \$30.00 Certified Copy of the Articles of Organization), to cover filing fee.

Please review the articles and if there are no additions or corrections to be made, kindly file them with your Department.

Also enclosed you will find a pre-paid UPS Letter envelope. Please return the prepared documents in it.

If you have any questions do not hesitate to contact me at the number indicated below. I appreciate your attention to this matter.

Thank you,



Elena Almonte

FILED  
01 APR -4 PM 11:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

mt  
4/9

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I NAME

The name of the Limited Liability Company is: **NORTH EAST PAIN MANAGEMENT LLC**

## ARTICLE II ADDRESS

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

12399 West Dixie Highway  
North Miami, FL 33161

## ARTICLE III DURATION

The period of duration for Limited Liability Company shall be: Perpetual

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Peter Tong  
12399 West Dixie Highway  
North Miami, FL 33161

## ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Alexander Almonte  
1201 N. Orange St., Suite 762  
Wilmington, DE 19801

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this April 2<sup>nd</sup>, 2001



Signature

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

FILED  
01 APR - 4 PM 11:23  
TALLAHASSEE, FLA

FROM :

Sent By: ALCO CORPORATE SERV;

FAX NO. :

518 4279953;

Mar. 20 2001 05:43PM P1 ✓  
Mar 10 01 17:47; Page 1/4

**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 IN DESIGNATING THE REGISTERED  
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.**

1. The name of the limited liability company is: \_\_\_\_\_

NORTH EAST PAIN MANAGEMENT LLC

2. The name and address of the registered agent and office is:

PETER TONG

(NAME)

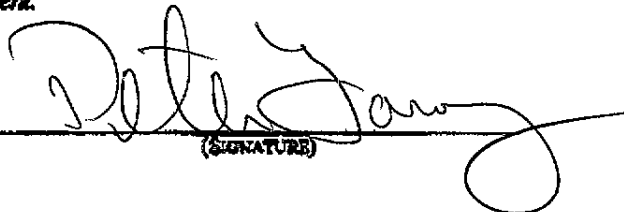
12399 WEST DIXIE HIGHWAY

(P. O. Box NOT ACCEPTABLE)

NORTH MIAMI, FL 33161

(CITY/STATE/ZIP)

*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.*

  
(SIGNATURE)

4-2-2001

(DATE)

**Filing Fee: \$ 35 for Designation of Registered Agent**

RECEIVED  
TALLAHASSEE  
MAR 20 2001

01 APR -4 PM 11:28

FILED