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LIMITED LIABILITY COMPANY

TOTAL PAIN CARE OF BOYNTON, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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**ARTICLES OF ORGANIZATION**

(3)

**OF**

**TOTAL PAIN CARE OF BOYNTON, LLC**

I, the undersigned, being of legal age and a natural person, do hereby subscribe to, acknowledge and file the following Articles of Organization for the purpose of creating a limited liability company under the laws of the State of Florida.

**ARTICLE I**

The name of this limited liability company shall be: Total Pain Care of Boynton, LLC.

**ARTICLE II**

The mailing address and street address of the principal office of the limited liability company shall be 2828 South Seacrest Boulevard, Suite 104, Boynton Beach, Florida 33435, with the privilege of having its offices and branch offices at other places within or without the State of Florida.

**ARTICLE III**

The initial registered office of this limited liability company is 440 East Sample Road, Suite 101, Pompano Beach, Florida 33064. The initial registered agent at that address is Adel Kallini, M.D.

**ARTICLE IV**

The limited liability company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 28th day of March, 2001.

By:   
Adel Kallini, M.D., Member

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TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 608.415, Florida Statutes, the undersigned limited liability company submits the following statement in designating the registered office/registered agent, in the State of Florida.

FIRST -- The name of the limited liability company is Total Pain Care of Boynton, LLC.

SECOND -- The name and address of the registered agent and office is:

Adel Kallini, M.D.  
Total Pain Care of Boynton, LLC  
440 East Sample Road  
Suite 101  
Pompano Beach, Florida 33064

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.

Dated this 28th day of March, 2001.

  
Adel Kallini, M.D., Registered Agent

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