

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

**L01000012959  
FILED  
August 03, 2001  
Sec. Of State**

**Article I**

The name of the Limited Liability Company is:

MEMORIAL PAIN & TRAUMA CENTER, LLC

**Article II**

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

C/O SINGER, 3801 PGA BLVD.  
SUITE 802  
PALM BEACH GARDENS, FL. US 33410

The mailing address of the Limited Liability Company is:

C/O SINGER, 3801 PGA BLVD.  
SUITE 802  
PALM BEACH GARDENS, FL. US 33410

**Article III**

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

MICHAEL S SINGER ESQ  
3801 PGA BLVD.  
SUITE 802  
PALM BEACH GARDENS, FL. US 33410

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.

Registered Agent Signature: MICHAEL S. SINGER

Signature of member or an authorized representative of a member

Signature: MICHAEL S. SINGER