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August 24, 2001

Registration Section  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

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-08/27/01--01095--009  
\*\*\*\*125.00 \*\*\*\*125.00

Re: PAIN MANAGEMENT OF BREVARD, P.L.C.

Dear Sir or Madam:

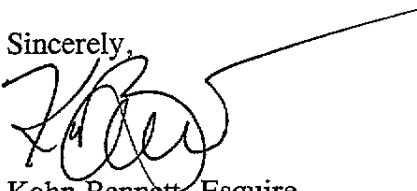
Enclosed is the original and one (1) copy of the Articles of Organization for the above proposed Florida liability company, along with our client's check in the amount of \$125.00, for payment of the following:

|                       |          |
|-----------------------|----------|
| Filing Fee:           | \$100.00 |
| Registered Agent Fee: | \$ 25.00 |

FILED  
01 AUG 27 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Please file the enclosed Articles and return a copy to us. Thank you for your assistance in this matter.

Sincerely,

  
Kohn Bennett, Esquire

KB/tj

LO1-14791  
OK



ACCOUNT NO. : 072100000032

REFERENCE : 450695 81839A

AUTHORIZATION :

COST LIMIT : \$ PPD

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ORDER DATE : August 29, 2001

ORDER TIME : 1:12 PM

ORDER NO. : 450695-005

CUSTOMER NO: 81839A

CUSTOMER: Mr. Kohn Bennett  
Amari & Theriac, P.a.  
Suite 302  
96 Willard Street  
Cocoa, FL 32922

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DOMESTIC FILING

NAME: PAIN MANAGEMENT OF BREVARD,  
P.L.C.

TAMMY, PLEASE FIND ATTACHED CORRECTED ARTICLES FOR THE  
ABOVE REFERENCED ENTITY. CLIENT WOULD LIKE THESE DOCUMENT  
BACK TODAY, IF AT ALL POSSIBLE.

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE PROOF PER CLIENTS REQUEST:

CONTACT PERSON: CINDY HARRIS - EXT. 1137  
EXAMINER'S INITIALS: \_\_\_\_\_

# ARTICLES OF ORGANIZATION

OF

## PAIN MANAGEMENT OF BREVARD , P.L.C. (the "COMPANY")

The undersigned, being authorized to execute and file these Articles hereby desire to organize a Professional Limited Company pursuant to, and consistent with, Chapter 608 and 621 Florida Statutes, hereby certifies that:

### ARTICLE I

Name

The name of the Company is: **PAIN MANAGEMENT OF BREVARD , P.L.C.**

### ARTICLE II

Address

The mailing address and street address of the principal office of the Company

1930 Harbor Point  
Merritt Island, Florida 32952

### ARTICLE III

Duration and Purpose

The Company shall exist for a perpetual duration. The Company shall be a professional limited company providing medical services to the public.

### ARTICLE IV

Management

The Company is to be managed by a managers and the name and address of the initial managers pursuant to the Regulations of the Company until their successors are elected are:

Joseph P. Bloom, M.D.  
1930 Harbor Point Dr.  
Merritt Island, FL 32952  
and  
Robert Aranibar, M.D.  
550 S. Brevard Avenue, Unit 511  
Cocoa Beach, FL 32931.

FILED  
01 AUG 27 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The initial managing members and all subsequent managing members shall serve, be removed and elected pursuant to the Regulations of the Company.

#### ARTICLE V

##### Admission of Additional Members

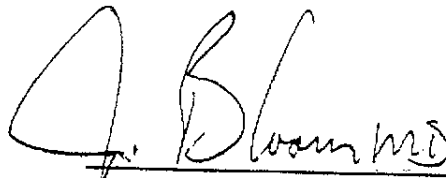
Additional members will be admitted only upon the unanimous consent of all Members upon such terms as provided in the Regulations.

#### ARTICLE VI

##### Members' Rights to Continue Business

The remaining members of the Company shall have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Company.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 23 day of August, 2001.

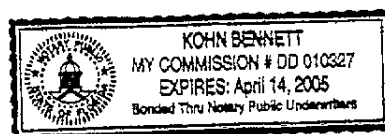
  
Joseph P. Bloom, M.D.

FILED  
AUG 27 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

STATE OF FLORIDA  
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me this 23 day of August, 2001, by Joseph P. Bloom, M.D. who is personally known to me, and who did not take an oath.

  
NOTARY PUBLIC



**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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is **PAIN MANAGEMENT OF BREVARD, P.L.C.**
2. The name and the Florida street address of the registered agent are:

Joseph P. Bloom, M.D.  
1930 Harbor Point  
Merritt Island, Florida 32952

*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.*

  
\_\_\_\_\_  
Joseph P. Bloom, M.D.