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LIMITED LIABILITY COMPANY  
Comprehensive Pain Care of South Florida, LLC

Certificate of Status	0
Certified Copy	1
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**ARTICLES OF ORGANIZATION  
OF  
COMPREHENSIVE PAIN CARE OF SOUTH FLORIDA, LLC**

I, the undersigned authorized representative of the sole Member, hereby make, acknowledge and file these Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida.

**ARTICLE I  
NAME**

The name of this Limited Liability Company is:

COMPREHENSIVE PAIN CARE OF SOUTH FLORIDA, LLC

**ARTICLE II  
ADDRESS**

The mailing address and the principal office address is:

458 State Road 7, #201  
Royal Palm Beach, FL 33411

**ARTICLE III  
DURATION**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV  
MANAGEMENT**

The powers of the Limited Liability Company shall be exercised by or under the authority of, and the business and affairs of the Limited Liability Company shall be managed under the direction of its sole Member and is, therefore, a member-managed company.

Gary N. Gerson, Esq. (FL Bar No. 251771)  
Nason, Yeager, Gerson, White & Lioce, P.A.  
1645 Palm Beach Lakes Blvd., Suite 1200  
West Palm Beach, FL 33418  
Phone: (561) 686-3307

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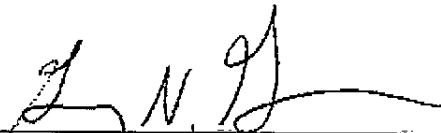
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**ARTICLE V**

**ADMISSION OF ADDITIONAL MEMBERS**

The sole Member shall have the right to admit additional members.

IN WITNESS WHEREOF, the undersigned authorized representative of the sole Member has made and subscribed these Articles of Organization at West Palm Beach, Florida, for the uses and purposes aforesaid, this 19<sup>th</sup> day of September, 2001.

  
\_\_\_\_\_  
Gary N. Gerson, Authorized Representative of the Member

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**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:

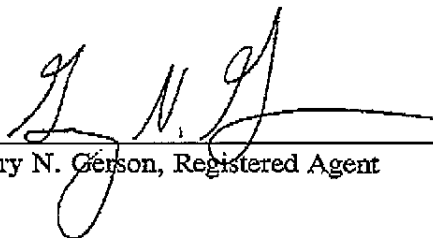
COMPREHENSIVE PAIN CARE OF SOUTH FLORIDA, LLC

2. The name and the Florida street address of the registered agent and office are:

Gary N. Gerson  
1645 Palm Beach Lakes Blvd.  
Suite 1200  
West Palm Beach, Florida 33401

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*Having been named as registered agent to accept service of process for the above-stated limited liability company, at the location designated herein, I hereby consent to and accept the appointment to act in this capacity, acknowledge that I am familiar with and accept the obligations of a registered agent and agree to comply with the laws of Florida applicable thereto.*

  
\_\_\_\_\_  
Gary N. Gerson, Registered Agent

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