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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

[AL]

LIMITED LIABILITY COMPANY**SOUTH FLORIDA PAIN MANAGEMENT CENTER, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: SOUTH FLORIDA PAIN MANAGEMENT CENTER, LLC

ARTICLE II - Address:

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

1441 CAPRI LANE, UNIT 5805
WESTON, FLORIDA 33326

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TALLAHASSEE, FLORIDA

ARTICLE III - The Limited Liability Company is to be managed by a manager or managers and is, therefore, a manager - managed company. The names and addresses of such managers who are to serve as managers are:


Name JERRY DUBRAVETZ
Addr 1441 CAPRI LANE, UNIT 5805
WESTON, FLORIDA 33326

99%

Name CHARLA SANTAMARIA
Assr 1441 CAPRI LANE, UNIT 5805
WESTON, FLORIDA 33326

1%

(In accordance with section 608.408 (3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)


Signature of member or authorized representative of a member
JERRY DUBRAVETZ
Printed name

10/3/01
Date

ARTICLE IV - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

JENNIFER L. SCHECHTMAN, CPA
Name
9050 PINES BLVD., SUITE 205
Florida street address
PEMBROKE PINES, FLORIDA 33024
City, State and 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 for my position as registered agent as provided for in Chapter 608, F.S.


Registered Agent's Signature
Y:\www\ar000\art\LLC

10/3/01
Date