CAY HARDS LASE TROOPS SEE LARESTORTON DELIC (33801) PA BOX 3 LA ELLAZ, FLO DELICAS 802-0003 Et 863-284-22LC EAX 863-688-0310 WER gray harris.com

July 23, 2002

Direct Fax: 863/688-9771

School Fax: 863/68

Florida Department of State Corporate Division 409 East Gaines Street Tallahassee, FL 32399

Re:

Back Pain Institute of Tampa Bay, Inc. Back Pain Institute of Tampa Bay, LLC

Dear Ladies and Gentlemen:

Please file the enclosed Articles of Dissolution of Back Pain Institute of Tampa Bay, Inc. and enclosed Articles of Organization of Back Pain Institute of Tampa Bay, LLC. Our firm's checks in the amount of \$43.75 (to cover filing fee and certified copy of Articles of Dissolution), and \$150.00 (to cover filing fee, registration fee and certified copy of Articles of Organization).

Very truly yours,

Christopher M. Fear

CMF/sf

Enclosures cc: Mark Beckel

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SECRETARY OF STATE AGRIDA

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ARTICLES OF ORGANIZATION

OF

BACK PAIN INSTITUTE OF TAMPA BAY, LLC

The undersigned hereby presents these Articles of Organization for the formation of a Limited Liability Company pursuant to the Florida Limited Liability Company Act.

<u>ARTICLE I</u>

NAME

The name of the Limited Liability Company is BACK PAIN INSTITUTE OF TAMPA BAY, LLC.

ARTICLE II

PRINCIPAL OFFICE

The mailing address and the street address of the principal office of the Limited Liability Company is 15630 Lake Iola Road, Dade City, FL 33523.

<u>ARTICLE III</u>

DURATION

The Limited Liability Company shall have perpetual existence, commencing on the date of the execution and acknowledgment of these Articles of Organization.

ARTICLE IV

PURPOSE

The Limited Liability Company is organized for the purpose of transacting any and all lawful business.

ARTICLE V

<u>MANAGEMENT</u>

The Limited Liability Company is to be managed by the Manager. The name and address of the Initial Manager is:

Mark P. Beckel 15630 Lake Iola Road Dade City, FL 33523

ARTICLE VI

INITIAL REGISTERED OFFICE AND INITIAL REGISTERED AGENT

The street address of the initial registered office of the Limited Liability Company is 15630 Lake Iola Road, Dade City, FL 33523, and the name of the initial registered agent of the Limited Liability Company at that office is Mark P. Beckel.

ARTICLE VII

INDEMNIFICATION

Except to the extent otherwise provided in the Operating Agreement of the Limited Liability Company, the Limited Liability Company shall indemnify each person or entity who was or is a Member, director, officer, employee or agent of the Limited Liability Company to the full extent permitted by law.

IN WITNESS WHEREOF, the undersigned, being an authorized representative of an Initial Member, has executed these Articles of Organization this day of July, 2002.

MARK P. BECKEL

STATE OF FLORIDA COUNTY OF POLK

The foregoing Articles Of Organization were acknowledged before me this 18#K day of July, 2002, by Mark P. Beckel, who is personally known to me.

NÓTARY PUBLIC, State of Flori

(Printed Name)

My commission expires:

(AFFIX NOTARY SEAL)

ACCEPTANCE BY REGISTERED AGENT

The undersigned, being the person appointed in the foregoing Articles of Organization as the Registered Agent for BACK PAIN INSTITUTE OF TAMPA BAY, LLC, hereby accepts such appointment this 10 day of July, 2002.

MARK P. BECKEL

FILED

25 PM 1:52

SECRETARY OF STATE

ALLANCESEE FLORIDA

25 PM 1:52