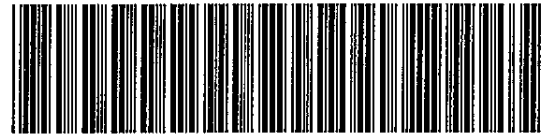


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TALLAHASSEE, FLORIDA



**500008578425**

10/28/02--01109--009 \*\*125.00

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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**[AL]**

# FLORIDA PAIN PHYSICIANS NETWORK, LLC

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

October 24, 2002

Florida Dept. of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Reference: New Business Registration and Articles of Organization  
FLORIDA PAIN PHYSICIANS NETWORK, LLC

To Whom It May Concern:

Enclosed, please find the original "Articles of Organization" for FLORIDA PAIN PHYSICIANS NETWORK, LLC along with payment of \$125.00 for the filing fee and designation of registered agent.

If you need additional information or have any questions, please feel free to call the office at 407-260-8370.

Respectfully,



Michael Grubbe  
President  
Florida Pain Physicians Network, LLC

**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY  
FLORIDA PAIN PHYSICIANS NETWORK, LLC**

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TALLAHASSEE, FLORIDA

**ARTICLE I  
NAME**

The name of the Limited Liability Company is: **FLORIDA PAIN PHYSICIANS NETWORK, LLC**

**ARTICLE II  
ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is: **710 Miami Springs Drive, Longwood, Florida 32779.**

**ARTICLE III  
REGISTERED AGENT**

The name and Florida street address of the registered agent are: **MICHAEL GRUBBE, 710 Miami Springs Drive, Longwood, Florida 32779.**

*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 as proved for in Chapter 608, F.S.*

  
Agent and Authorized Signatory


**ARTICLE IV**  
**MANAGEMENT (Check box if applicable.)**

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☒ The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager-managed company.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

  
Signature of a member or an authorized  
representative of a member

(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.)

MICHAEL GRUBBE

Typed or Printed name of signee

019.104512.1