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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Oakland Park Pain Management Center, LLC

Certificate of Status	0
Certified Copy	1
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**ARTICLES OF ORGANIZATION  
OF  
OAKLAND PARK PAIN MANAGEMENT CENTER, LLC  
(A Florida Limited Liability Company)**

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**ARTICLE I  
NAME**

The name of the Limited Liability Company is Oakland Park Pain Management Center, LLC.

**ARTICLE II  
ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is Oakland Park Pain Management Center, LLC, 1655 E. Oakland Park Boulevard, Fort Lauderdale, FL 33334.

**ARTICLE III  
DURATION**

The period of duration for the limited liability company shall begin on the date of filing these Articles of Organization with the Florida Secretary of State and shall have a perpetual existence and duration, until terminated in accordance with applicable law.

**ARTICLE IV  
MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a member-managed company.

**ARTICLE V  
MEMBERS' RIGHTS TO CONTINUE BUSINESS**

The remaining members of the limited liability company may, pursuant to the vote of members possessing a majority of membership interests in the limited liability company, 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 limited liability company.

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**ARTICLE VI**  
**INITIAL REGISTERED OFFICE AND AGENT**

The name and street address of the Limited Liability Company's initial registered agent is American Information Services, Inc., 350 E. Las Olas Boulevard, 16<sup>th</sup> Floor, Fort Lauderdale, FL 33301.

**IN WITNESS WHEREOF**, the undersigned has executed these Articles of Organization this 13<sup>th</sup> day of February, 2003.

**AUTHORIZED REPRESENTATIVE:**

  
\_\_\_\_\_  
David C. Peck

(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.)

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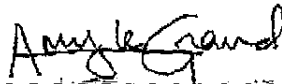
**CERTIFICATE OF ACCEPTANCE BY  
REGISTERED AGENT**

Pursuant to the provisions of the Florida Limited Liability Company Act, the undersigned submits the following statement in accepting the designation as registered agent of **Oakland Park Pain Management Center, LLC**, a Florida Limited Liability Company (the "Company"), in the Company's Articles of Organization:

Having been named as registered agent and to accept service of process for the Company at the registered office designated in the Company's Articles of Organization, the undersigned accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and the undersigned is familiar with and accepts the obligations of its position as registered agent.

**IN WITNESS WHEREOF**, the undersigned has executed this Certificate this 13<sup>th</sup> day of February, 2003.

**AMERICAN INFORMATION SERVICES, INC.**



Amy Le Grand, Assistant Secretary

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