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To:

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

From:

Paul C. Treedo, Legal Asst.
Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.
Account Number : 075471001363
Phone : (305) 374-5600
Fax Number : (305) 374-5095

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LIMITED LIABILITY COMPANY

PAIN MEDICINE SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
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**ARTICLES OF ORGANIZATION
OF
PAIN MEDICINE SOLUTIONS, LLC**

ARTICLE I: - Name

The name of the Limited Liability Company is: **Pain Medicine Solutions, LLC.**

ARTICLE II: - Address

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

9150 S.W. 87th Avenue
Suite 201
Miami, Florida 33176

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature:

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

American Information Services, Inc.
One Southeast Third Avenue, 28th FL
Miami, Florida 33131

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 provided for in Chapter 608, F.S.

American Information Services, Inc.

Nery C. Toledo, Asst. Sec.
Nery C. Toledo, Assistant Secretary
Registered Agent

Signed and dated this 22nd day of April, 2003.

Marshall R. Burack
Marshall R. Burack, Esq.
Authorized Representative of a Member

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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