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To: Division of Corporations  
Fax Number : (850) 205-0383  
From: *Nez C. Toledo, Legal Asst.*  
Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.  
Account Number : 075471001363  
Phone : (305) 374-5600  
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DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

**PAIN MEDICINE SOLUTIONS, LLC**

Certificate of Status	0
Certified Copy	1
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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. 87<sup>th</sup> 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, 28<sup>th</sup> 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

03 APR 23 AM 10:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

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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