Electronic Articles of Organization
For
Florida Limited Liability Company

L03000045086
FILED 8:00 AM
November 17, 2003
Sec. Of State

Article I

The name of the Limited Liability Company is:

ALL CARE PAIN MANAGEMENT CENTER, LLC

Article II

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

2205 HICKORY RIDGE DRIVE
VALRICO, FL. 33594

The mailing address of the Limited Liability Company is:

2205 HICKORY RIDGE DRIVE
VALRICO, FL. 33594

Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

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

NEIL S. SCHECHT, PA
3630 W. KENNEDY BLVD.
TAMPA, FL. 33609

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.

Registered Agent Signature: NEIL S. SCHECHT

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Article V

The name and address of managing members/managers are:

Title: MGRM
STEPHEN J SKOLNICK
2205 HICKORY RIDGE DRIVE
VALRICO, FL. 33594

Article VI

The effective date for this Limited Liability Company shall be:

11/17/2003

Signature of member or an authorized representative of a member

Signature: NEIL S. SCHECHT