

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L05000085604  
FILED 8:00 AM  
August 30, 2005  
Sec. Of State  
dcushing

**Article I**

The name of the Limited Liability Company is:  
INTEGRATED PAIN CARE, LTD. CO.

**Article II**

The street address of the principal office of the Limited Liability Company is:  
15751 SHERIDAN ST  
#306  
FT. LAUDERDALE, FL. 33331

The mailing address of the Limited Liability Company is:  
15751 SHERIDAN ST  
#306  
FT. LAUDERDALE, FL. 33331

**Article III**

The purpose for which this Limited Liability Company is organized is:  
PAIN MANAGEMENT ONLY

**Article IV**

The name and Florida street address of the registered agent is:  
JENNIFER LIN  
15751 SHERIDAN ST  
#306  
FT. LAUDERDALE, FL. 33331

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: JENNIFER LIN

## **Article V**

The name and address of managing members/managers are:

Title: MGR  
JENNIFER LIN  
15751 SHERIDAN ST., #306  
FT. LAUDERDALE, FL. 33331

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Signature of member or an authorized representative of a member

Signature: JENNIFER LIN