Florida Department of State

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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Division of Corporations

Fax Number : (850)205-0383

Account Name : FILINGS, INC. Account Number : 072720000101 Phone : (850)385-6735 Fax Number : (954)641-4192

LIMITED LIABILITY COMPANY

PAIN CARE PHYSICIAN HOLDINGS, L.L.C.

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HOSO002874183 ARTICLES OF ORGANIZATION

FILED

OF

PAIN CARE PHYSICIAN HOLDINGS, L.L.C.

2005 DEC 19 A 10: 25 SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I

NAME OF COMPANY

The name of this limited liability company is Pain Care Physician Holdings, L.L.C. (the "Company").

ARTICLE II

ADDRESS

The mailing address and street address of the principal office of the Company is 7154 North University Drive, Sulte 316, Tamarac, Florida 33321.

ARTICLE III

INITIAL REGISTERED AGENT

The name and address of the Company's initial Registered Agent is:

Mark A. Coel, Esq. Coel & Warren, P.L. 1900 Glades Road, Suite 350 Boca Raton, FL 33431

This document prepared by: Mark A. Coel, Esq. 1900 Glades Road, #350 Boca Raton, FL 33431 (561) 886-9700 (561) 886-9701 FI. Pair No. 0770655

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ARTICLE IV

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MANAGING MEMBERS

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The name and address of each Managing Member is as Follows: SSEE, FLORIDA

Ira Fox, M.D.

7154 North University Drive, Suite 316,

Tamarac, Florida 33321

Jay Lasner, M.D.

7154 North University Drive, Suite 316,

Tamarac, Florida 33321

The undersigned, the authorized representative of a member of the Company, for the purpose of forming a limited liability company to do business within the State of Florida, does make and file these Articles of Organization, hereby declaring and certifying that the facts stated above are true and correct.

Mark A, Coel, Esq.

The undersigned hereby accepts the foregoing designation as initial Registered Agent, is familiar with, accepts and agrees to comply with the provisions or law applicable to said designation.

Mark A. Cool, Esq.

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