

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

L06000020465
FILED 8:00 AM
February 24, 2006
Sec. Of State
mthomas

Article I

The name of the Limited Liability Company is:
ORLANDO BACK & NECK PAIN CLINICS, L.L.C.

Article II

The street address of the principal office of the Limited Liability Company is:
1507 SOUTH HIAWASSEE ROAD
SUITE 215
ORLANDO, FL. 32835

The mailing address of the Limited Liability Company is:
1507 SOUTH HIAWASSEE ROAD
SUITE 215
ORLANDO, FL. 32835

Article III

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

Article IV

The name and Florida street address of the registered agent is:
ALLISON W HANLEY MD
6400 HAWKSMOOR DRIVE
ORLANDO, FL. 32818

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: ALLISON W. HANLEY

Article V

The name and address of managing members/managers are:

Title: P
ALLISON W HANLEY MD
6400 HAWKSMOOR DR
ORLANDO, FL. 32818

Title: VP
JOSE L PATINO MD
4524 CHALFONT DR
ORLANDO, FL. 32837

Title: VP
YINA C BUELVAS
6173 RALEIGH ST. APT 1720
ORLANDO, FL. 32835

Article VI

The effective date for this Limited Liability Company shall be:

02/23/2006

Signature of member or an authorized representative of a member

Signature: ALLISON W HANLEY

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