

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

**L06000058825
FILED 8:00 AM
June 08, 2006
Sec. Of State
gharvey**

Article I

The name of the Limited Liability Company is:

PAIN MANAGEMENT PHYSICIANS OF SOUTH FLORIDA, P.L.

Article II

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

6295 NW 96 TERRACE
PARKLAND, FL. US 33076

The mailing address of the Limited Liability Company is:

6295 NW 96 TERRACE
PARKLAND, FL. US 33076

Article III

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

TO PROVIDE MEDICAL AND HEALTH RELATED SERVICES AS
AUTHROIZED BY FLORIDA LAW.

Article IV

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

ARIE MREJEN, P.A.
701 W CYPRESS CREEK RD
SUITE 302
FORT LAUDERDALE, FL. 33309

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: ARIE MREJEN, ESQ.

Article V

The name and address of managing members/managers are:

Title: MGRM
ANDREW J GOLDBERG
6295 NW 96 TERRACE
PARKLAND, FL. 33076 US

Title: MGRM
SETH C WACHSMAN
7146 NW 127 WAY
PARKLAND, FL. 33076 US

Signature of member or an authorized representative of a member

Signature: ARIE MREJEN, ESQUIRE

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