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COSTELLO & ROYSTON, LLP

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Fax Number : (850)205-0383

Account Name : ROBERT D. ROYSTON, JR., P.A.  
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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Back Pain Institute of West Palm Beach, LLC**

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**ARTICLES OF ORGANIZATION  
OF  
BACK PAIN INSTITUTE OF WEST PALM BEACH, LLC**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

**ARTICLE 1**

The name of the Limited Liability Company is Back Pain Institute of West Palm Beach, LLC.

**ARTICLE 2**

The Limited Liability Company's period of duration shall be perpetual.

**ARTICLE 3**

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

3660 Central Ave., Suite 14  
Fort Myers, FL 33901

The mailing address of the Limited Liability Company is:

c/o Robert D. Royston, Jr.  
Costello & Royston, LLP  
P.O. Drawer 60205  
Fort Myers, FL 33906

**ARTICLE 4**

The name and street address of the initial registered agent in Florida shall be:

Name

Address

Robert D. Royston, Jr.

12670 New Brittany Blvd., Suite 101  
Fort Myers, FL 33907

**Prepared by:**

Robert D. Royston, Jr., Esq.  
Fla. Bar No. 33496

**COSTELLO & ROYSTON, LLP**

P.O. Drawer 60205, Fort Myers, FL, 33906  
(239) 939-2222 (voice) (239) 939-2280 (facsimile)

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**ARTICLE 5**

The initial managing member of the Limited Liability Company is:

NameAddress

Howard Sousa, MGRM

45 East 89th St.  
Suite 10B  
New York, NY 10128**ARTICLE 6**

The right of the remaining Members of the Limited Liability Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in the Limited Liability Company shall be as follows:

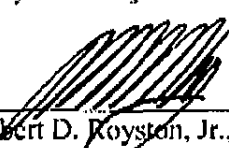
Such remaining Members shall continue the Limited Liability Company if, by majority vote, they elect to do so.

**ARTICLE 7**

The Limited Liability Company shall indemnify to the fullest extent permitted by the Florida Business Corporation Act its Members.

IN WITNESS WHEREOF, the undersigned has executed the foregoing Articles of Organization of the Back Pain Institute of West Palm Beach, LLC, and acknowledged them to be his act on this the 1st day of September, 2006.

*(In accordance with Section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalty of perjury that the facts stated herein are true.)*

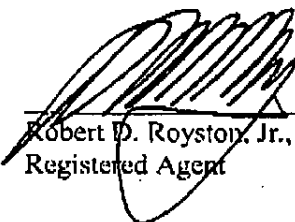
  
\_\_\_\_\_  
Robert D. Royston, Jr.,  
Authorized Representative of a Member

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**ACCEPTANCE OF DUTIES OF REGISTERED AGENT**

Having been named to act as Registered Agent to accept service of process for the above named Limited Liability Company, at the place designated in these Articles of Organization, and being familiar with the obligations of this position, I hereby accept the duties of registered agent, agree to act in this capacity, and I further agree to comply with the provisions of Florida law relative to the proper and complete performance of my duties.

**IN WITNESS WHEREOF**, the undersigned has executed the foregoing Acceptance of Duties of Registered Agent of the Back Pain Institute of West Palm Beach, LLC, and acknowledged them to be his act on this the 1st day of September, 2006.



Robert D. Royston, Jr.,  
Registered Agent

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