Electronic Articles of Organization
For
Florida Limited Liability Company

L06000087123
FILED 8:00 AM
September 05, 2006
Sec. Of State
jbryan

Article I

The name of the Limited Liability Company is:

PORT ST. LUCIE PAIN MANAGEMENT, PLLC

Article II

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

8241 SOUTH US1
PORT ST. LUCIE, FL. US 34952

The mailing address of the Limited Liability Company is:

3618 LANTANA ROAD
SUITE 200
LAKE WORTH, FL. US 33462

Article III

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

OPERATION OF A MEDICAL OFFICE FOR PAIN MANAGEMENT.

Article IV

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

C. WILLIAM BERGER ESQ
2255 GLADES RD
SUITE 337W
BOCA RATON, FL. 33431

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: C. WILLIAM BERGER

Article V

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The name and address of managing members/managers are:

Title: MGR
ANTHONY G ROGERS M.D.
3818 LANTANA ROAD
LAKE WORTH, FL. 33462 US

Signature of member or an authorized representative of a member

Signature: C. WILLIAM BERGER, ESQ.