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(Requestor's Name)

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(City/State/Zip/Phone #)

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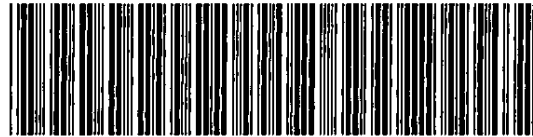
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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RICHARD B. PETIGROW

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File #

1197-2

October 4, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Re: Boca East Pain Management, LLC..

Dear Sir/Madam:

Enclosed for filing please find two copies of the Articles Of Organization for Boca East Pain Management, LLC. together with the Acceptance Of Registered Agent. Kindly file the documents and upon filing return a stamped filed copy of the documents to me.

This firm's check in the amount of \$125.00 is enclosed.

If you have any questions, please do not hesitate to contact me.

Sincerely,


RICHARD B. PETIGROW

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
BOCA EAST PAIN MANAGEMENT, LLC.**

Signed by the undersigned for the purpose of forming a Limited Liability Company pursuant to Chapter 608, Florida Statutes.

FIRST: The name of the limited liability company is BOCA EAST PAIN MANAGEMENT, LLC.

SECOND: The mailing address and street address of the initial principal office of the limited liability company is 2910 Jog Road, Lake Worth, Florida 33467.

THIRD: The purposes for which this limited liability company is organized are to engage in any activity within the purposes for which limited liability companies may be organized under the Florida Limited Liability Company Act.

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TALLAHASSEE FLORIDA

FOURTH: The address of the initial registered office of the limited liability company and the name of the initial registered agent at such address are Henry J. Battagliola, 2910 Jog Road, Lake Worth, Florida 33467.

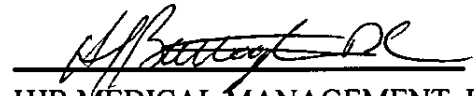
FIFTH: The name and address of each Managing Member is as follows:

HJB MEDICAL MANAGEMENT, INC.
4910 NW 54th Street
Coconut Creek, Florida 33073

BOCA MEDICAL & REHAB CENTER, INC.
2706 W. Atlantic Boulevard
Pompano Beach, Florida 33069

IN WITNESS WHEREOF, these Articles of Organization have been signed this

4 day of OCTOBER, 2006.



HJB MEDICAL MANAGEMENT, INC.
BY: HENRY J. BATTAGLIOLA, PRES.
MANAGING MEMBER

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TALLAHASSEE, FLORIDA

ACCEPTANCE OF REGISTERED AGENT

PURSUANT TO THE PROVISIONS OF THE FLORIDA LIMITED LIABILITY COMPANY ACT, BOCA EAST PAIN MANAGEMENT, LLC. HEREBY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is BOCA EAST PAIN MANAGEMENT, LLC.
2. The name and address of the registered agent and office is Henry J. Battagliola, 2910 Jog Road, Lake Worth, Florida 33467.

Having been named as registered agent and to accept the service of process for the above stated limited liability company at the place designated in this Acceptance, 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.


HENRY J. BATTAGLIOLA

10/4/06
Date

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