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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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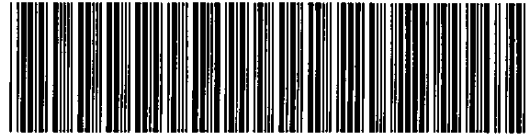
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

OCT 20 2006

**RICHARD B. PETIGROW**

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Member of  
Florida and New Jersey Bars

File #

1197-2

October 17, 2006

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

Re: Lake Worth Pain Management, LLC.

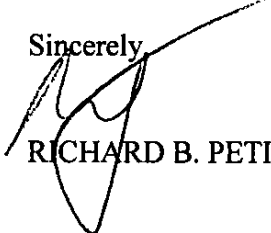
Dear Sir/Madam:

Enclosed for filing please find two copies of the Articles Of Organization for Lake Worth 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

**ARTICLES OF ORGANIZATION  
OF  
LAKE WORTH 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 LAKE WORTH 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.

**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 54<sup>th</sup> Street  
Coconut Creek, Florida 33073

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

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IN WITNESS WHEREOF, these Articles of Organization have been signed this 17 day of October, 2006.

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

**ACCEPTANCE OF REGISTERED AGENT**

PURSUANT TO THE PROVISIONS OF THE FLORIDA LIMITED LIABILITY COMPANY ACT, LAKE WORTH 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 LAKE WORTH 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

10/17/06  
Date

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