

L06000119392

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TALLAHASSEE, FLORIDA

JAN 23 2013

J. BRYAN



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 502139 4300043

AUTHORIZATION :

COST LIMIT : \$ 25,000

*[Signature]*

ORDER DATE : January 21, 2013

ORDER TIME : 9:13 AM

ORDER NO. : 502139-005

CUSTOMER NO: 4300043

FILED  
2013 JAN 22 AM 10:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOMESTIC AMENDMENT FILING

NAME: NATIONAL PAIN RESEARCH  
INSTITUTE, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER'S INITIALS: \_\_\_\_\_

**AMENDED AND RESTATED  
ARTICLES OF ORGANIZATION  
OF  
NATIONAL PAIN RESEARCH INSTITUTE, LLC**  
[formerly known as National Recovery Institute, LLC]

**FILED**  
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TALLAHASSEE, FLORIDA

The Articles of Organization for National Pain Research Institute, LLC (the "Company") were filed on December 13, 2006 under its then name of National Recovery Institute, LLC and assigned Florida document number L06000119392.

These Amended and Restated Articles of Organization of the Company have been duly executed and are being filed in accordance with Section 608.411, Florida Statutes.

These Amended and Restated Articles of Organization are submitted to amend and restate the Articles of Organization of the Company in their entirety, as follows:

**ARTICLE I - Name:**

The name of the Company is: National Pain Research Institute, LLC

**ARTICLE II - Purpose:**

The Company is organized for the purpose of transacting any and all lawful business.

**ARTICLE III - Address:**

The mailing address and street address of the principal office of the Company is:  
5365 W. Atlantic Avenue  
Suite 504  
Delray Beach, Florida 33484.

**ARTICLE IV - Management:**

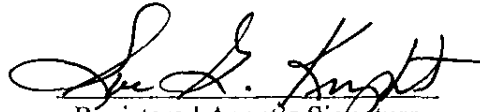
The Company shall be managed by its members in accordance with any operating agreement in effect.

**ARTICLE V - Registered Agent, Registered Office & Registered Agent's Signature:**

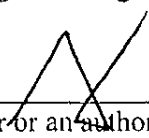
The name and the Florida street address of the registered agent are:

Corporation Service Company  
1201 Hays Street  
Tallahassee, FL 32301

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 as provided for in Chapter 608, Florida Statutes.

  
Registered Agent's Signature

**Sue G. Knight**  
**Assistant Vice President**

  
Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Alexander Jungreis, M.D.  
Typed or printed name of signee

**FILED**  
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