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From:

Account Name : PORTER, WRIGHT, MORRIS & ARTHUR
Account Number : 102233003533
Phone : (614) 227-1936
Fax Number : (239) 593-2990

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Florida Pain Center of Naples, LLC

Certificate of Status	1
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MORRIS &
ARTHUR, LLP**
Attorneys and
Counselors at Law

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PLEASE DELIVER TO:

NAME	FIRM	FACSIMILE #:	CONFIRMATION #:
1. Division of Corporations	Florida Dept. of State	850-205-0383	
RE: Florida Pain Center of Naples, LLC			
Fax Audit No. H070000013453			

Comments:

Please file the attached regarding the above-referenced limited liability company:

1. Articles of Organization; and
2. Acceptance of Registered agent.

We have requested a certificate of status and a certified copy of same.

Thank you.

From: Linda R. Minck, Esq. Phone No. 239-593-2967

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ARTICLES OF ORGANIZATION
OF
FLORIDA PAIN CENTER OF NAPLES, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, hereby makes, acknowledges, and files the following Articles of Organization.

ARTICLE I -- NAME

The name of the limited liability company shall be FLORIDA PAIN CENTER OF NAPLES, LLC (the "Company").

ARTICLE II -- ADDRESS

The mailing address of the Company shall be 730 Goodlette Road, Suite 200, Naples, Florida 34102. The street address of the initial principal office of the Company shall be 730 Goodlette Road, Suite 200, Naples, Florida 34102.

ARTICLE III -- DURATION

The Company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State. The Company's existence shall be perpetual unless the Company is earlier dissolved as provided in these Articles of Organization or in the Company's Operating Agreement.

ARTICLE IV -- REGISTERED OFFICE AND AGENT

The name and street address of the initial registered agent of the Company in the State of Florida are Linda R. Minck, Esquire, 5801 Pelican Bay Blvd., Suite 300, Naples, Florida 34108.

ARTICLE V -- MANAGEMENT


The Company shall be managed by a Manager(s) in accordance with the Operating Agreement adopted by the members for the management of the business and affairs of the Company. A member of the Company may serve as the Manager. The Operating Agreement may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with law or these articles of organization. At the time that these Articles are executed, the Managers are as follows:

James J. Worden, MGR
730 Goodlette Road, Suite 200
Naples, Florida 34102

Jose M. Campoamor, MGR
730 Goodlette Road, Suite 200,
Naples, Florida 34102

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IN WITNESS WHEREOF, the undersigned organizer has made and subscribed these Articles of Organization at Naples, Florida, on this 3rd day of January, 2007.


Linda R. Minck
Authorized Representative of Member

ACCEPTANCE OF REGISTERED AGENT

The undersigned, being the person named in the Articles of FLORIDA PAIN CENTER OF NAPLES, LLC, as the registered agent of this limited liability company, hereby consents to accept service of process for the above-stated company at the place designated in the Articles of Organization, and accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of her duties, and is familiar with and accepts the obligations of the position of registered agent.

Date: January 3, 2007.


Linda R. Minck, Registered Agent