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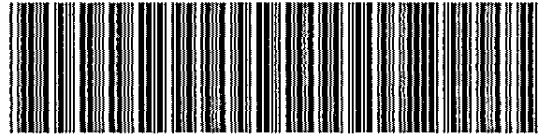
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



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February 28, 2007

CORPORATION NAME (S) AND DOCUMENT NUMBER(S):

Tampa Bay Neurological, Pain & Rehabilitation Institute, LLC

Filing Evidence

☒ Plain/Confirmation Copy

☐ Certified Copy

Retrieval Request

☐ Photocopy

☐ Certified Copy

Type of Document

☐ Certificate of Status

☐ Certificate of Good Standing

☐ Articles Only

☐ All Charter Documents to Include
Articles & Amendments

☐ Fictitious Name Certificate

☐ Other

NEW FILINGS	
	Profit
	Non Profit
X	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of RA Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Reports
	Fictitious Name
	Name Reservation
	Reinstatement

REGISTRATION/QUALIFICATION	
	Foreign
	Limited Liability
	Reinstatement
	Trademark
	Other

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FEB 28 PM 4:19
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION
OF
TAMPA BAY NEUROLOGICAL, PAIN & REHABILITATION INSTITUTE, LLC
a Florida Limited Liability Company

FILED
07 FEB 28 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I
NAME

The name of this Limited Liability Company is **TAMPA BAY NEUROLOGICAL, PAIN & REHABILITATION INSTITUTE, LLC** (the "Company").

ARTICLE II
ADDRESS

The mailing address and street address of the principal office of the Company is:

401 HARBOUR Place Drive
Apartment 1412
Tampa, FL 33602-6755

ARTICLE III
DURATION

The Company's existence shall commence upon the acceptance of the Articles of Organization by the Secretary of State of Florida and shall continue in existence perpetually, unless sooner terminated, liquidated, or dissolved by law or by the unanimous consent of the Members.

ARTICLE IV
MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is therefore, a member-managed company. The names and addresses of the Managing Members are as follows:

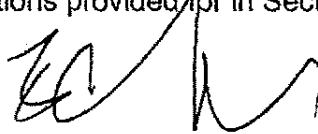
Hector Cases
401 Harbour Place Drive
Apartment 1412
Tampa, FL 33602-6755

ARTICLE V
REGISTERED AGENT AND REGISTERED OFFICE

The name and the Florida street address of the Registered Agent is:

E. C. Langford, Esquire
1715 W. Cleveland Street
Tampa, Florida 33606

Having been named Registered Agent and designated to accept service of process for **TAMPA BAY NEUROLOGICAL, PAIN & REHABILITATION INSTITUTE, LLC**, I hereby agree to act in this capacity. I further agree to comply with all the provisions of all the statutes relative to the proper and complete performance of my duties. I am familiar with and accept the obligations provided for in Section 608.415, Florida Statutes.



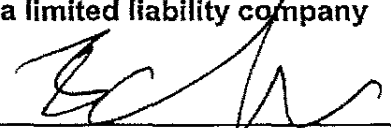
E. C. Langford, Esquire
Registered Agent

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.

Dated: February 26, 2007

**TAMPA BAY NEUROLOGICAL, PAIN &
REHABILITATION INSTITUTE, LLC**
a Florida limited liability company

By: _____


E. C. Langford, Esquire, authorized representative of
member