Electronic Articles of Organization
For
Florida Limited Liability Company

L07000073039
FILED 8:00 AM
July 16, 2007
Sec. Of State
btadlock

Article I

The name of the Limited Liability Company is:

INJURY CAUSATION EXPERTS, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

520 NW 39TH CIRCLE
BOCA RAON, FL. US 33431

The mailing address of the Limited Liability Company is:

520 NW 39TH CIRCLE
BOCA RAON, FL. US 33431

Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

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

C. R. NOBACK ANESTHESIA & PAIN MANAGEMENT,
520 NW 39TH CIRCLE
BOCA RATON, FL. 33431

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.

Registered Agent Signature: CARL R. NOBACK

Article V

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The name and address of managing members/managers are:

Title: MGRM
C R NOBACK ANESTHESIA & PAIN MANAGEMENT, I
520 NW 39TH CIRCLE
BOCA RATON, FL. 33431 US

Title: MGR
CARL R NOBACK
520 NW 39TH CIRCLE
BOCA RATON, FL. 33431 US

Signature of member or an authorized representative of a member

Signature: CARL R. NOBACK