

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L07000090141  
FILED 8:00 AM  
September 04, 2007  
Sec. Of State  
dcurry

**Article I**

The name of the Limited Liability Company is:  
ORTHOMED PAIN RELIEF CENTERS, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
SES PAIN CENTERS 5922 CATTLEMEN LN  
SUITE #202  
SARASOTA, FL. US 34232

The mailing address of the Limited Liability Company is:  
SES PAIN CENTERS 5922 CATTLEMEN LN  
SUITE #202  
SARASOTA, FL. US 34232

**Article III**

The purpose for which this Limited Liability Company is organized is:  
ORTHOPEDIC MEDICINE/ PAIN RELIEF FOR OUTPATIENTS □□□□□□□□

**Article IV**

The name and Florida street address of the registered agent is:  
MICHAEL W HAWKINS  
330 S. PINEAPPLE AVE. SUITE #106  
SARASOTA, FL. 34236

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: MICHAEL W HAWKINS

### **Article V**

The name and address of managing members/managers are:

Title: MGRM  
WM J COLE DO JR  
5922 CATTLEMEN LN., SUITE #202  
SARASOTA, FL. 34232 US

Title: MGRM  
MARIA L COLE MD  
106 CIPRIANI CT  
N. VENICE, FL. 34275 US

### **Article VI**

The effective date for this Limited Liability Company shall be:

09/01/2007

Signature of member or an authorized representative of a member

Signature: WM. J COLE, JR DO

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