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Account Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS, P.A.
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Phone : (813) 223-7474
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This LLC is related to FLORIDA PAIN MANAGEMENT INC.,
Document No. P95000008711.

FLORIDA/FOREIGN LIMITED LIABILITY CO.

FLORIDA PAIN MANAGEMENT, LLC

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**ARTICLES OF ORGANIZATION
OF
FLORIDA PAIN MANAGEMENT, LLC**

The undersigned authorized representative hereby executes these Articles of Organization ("Articles") for the purpose of forming a limited liability company in accordance with the laws of the State of Florida.

ARTICLE I

Name

The name of this limited liability company (the "Company") shall be:

FLORIDA PAIN MANAGEMENT, LLC

ARTICLE II

Principal Office and Mailing Address

The address of the principal office and the mailing address of the Company shall be:

6333 - 54th Avenue North
St. Petersburg, FL 33709

ARTICLE III

Registered Office and Registered Agent

The initial registered office of the Company shall be located at 6333 - 54th Avenue North, St. Petersburg, FL 33709, and the initial registered agent of the Company at such office shall be Kazi M. Hassan, M.D. The Company shall have the right to change such registered office and such registered agent from time to time, as provided by law.

ARTICLE IV

Operating Agreement

The power to adopt the Operating Agreement of the Company, to alter, amend, or repeal the Operating Agreement of the Company, or to adopt a new Operating Agreement, shall be vested in the members of the Company. The Operating Agreement of the Company shall be for the government of

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the Company and may contain any provisions or requirements for the management or conduct of the affairs and business of the Company, provided the same are not inconsistent with the provisions of these Articles or contrary to the laws of the State of Florida or of the United States.

ARTICLE V

Amendment of Articles of Organization

The Company reserves the right to amend, alter, change or repeal any provisions contained in these Articles of Organization in the manner now or hereafter prescribed by statute, and all rights conferred upon the members herein are subject to this reservation.

IN WITNESS WHEREOF, the undersigned, pursuant to Section 608.408, Florida Statutes, has executed these Articles for the uses and purposes therein stated.


KAZIM M. HASSAN, M.D.

Authorized Representative

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FLORIDA PAIN MANAGEMENT, LLC**ACCEPTANCE OF SERVICE AS REGISTERED AGENT**

The undersigned, having been named as registered agent to accept service of process for the above-named limited liability company at the registered office designated in the Articles of Organization, hereby agrees and consents to act in that capacity. The undersigned is familiar with and accepts the duties and obligations of the position of registered agent under the laws of the State of Florida.

DATED this 10th day of September, 2007.


KAZI M. HASSAN, M.D.

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