

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

L08000022754  
FILED 8:00 AM  
March 03, 2008  
Sec. Of State  
gharvey

**Article I**

The name of the Limited Liability Company is:

INTERVENTIONAL PAIN MEDICINE OF PALM BEACH, LLC

**Article II**

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

2051 ASCOTT CIRCLE  
NORTH PALM BEACH, FL. US 33408

The mailing address of the Limited Liability Company is:

2051 ASCOTT CIRCLE  
NORTH PALM BEACH, FL. US 33408

**Article III**

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

PRACTICE OF MEDICINE, MEDICAL SERVICES AND RELATED OR  
ANCILLARY SERVICES

**Article IV**

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

WILLIAM E PRUITT  
3030 SOUTH DIXIE HWY  
SUITE 5  
WEST PALM BEACH, FL. 33405

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: WILLIAM E. PRUITT

### **Article V**

The name and address of managing members/managers are:

Title: MGRM  
RICHARD J STROPP  
2051 ASCOTT CIRCLE  
NORTH PALM BEACH, FL. 33408 FL

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### **Article VI**

The effective date for this Limited Liability Company shall be:

03/03/2008

Signature of member or an authorized representative of a member

Signature: WILLIAM E. PRUITT