

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

L08000030525
FILED 8:00 AM
March 25, 2008
Sec. Of State
mthomas

Article I

The name of the Limited Liability Company is:

FLORIDA MEDICAL AND PAIN CLINIC OF LAKE ALFRED, LLC

Article II

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

670 LAKESHORE WAY
LAKE ALFRED, FL. 10680

The mailing address of the Limited Liability Company is:

2747 PORTCHESTER COURT
KISSIMMEE, FL. 34744

Article III

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

MEDICAL AND CHIROPRACTIC CLINIC

Article IV

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

NOEMI MERCADO
2747 PORTCHESTER COURT
KISSIMMEE, FL. 34744

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: NOEMI MERCADO

Article V

The name and address of managing members/managers are:

Title: MGR
NOEMI MERCADO MRS.
2747 PORTCHESTER COURT
KISSIMMEE, FL. 34744 US

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Signature of member or an authorized representative of a member

Signature: NOEMI MERCADO