

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

L08000038308  
FILED 8:00 AM  
April 16, 2008  
Sec. Of State  
nculligan

**Article I**

The name of the Limited Liability Company is:

PALM BEACH INTERVENTIONAL PAIN MANAGEMENT, LLC

**Article II**

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

3355 BURNS ROAD  
STE 304  
PALM BEACH GARDENS, FL. 33410

The mailing address of the Limited Liability Company is:

3355 BURNS ROAD  
STE 304  
PALM BEACH GARDENS, FL. 33410

**Article III**

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

ANY AND ALL LAWFUL BUSINESS. TO PROVIDE MEDICAL SERVICES.

**Article IV**

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

XAVIER ESCOBAR  
3355 BURNS ROAD  
STE 304  
PALM BEACH GARDENS, FL. 33410

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: XAVIER ESCOBAR

### **Article V**

The name and address of managing members/managers are:

Title: MGR  
XAVIER ESCOBAR  
3355 BURNS ROAD, 304  
PALM BEACH GARDENS, FL. 33410

Title: MGRM  
SCOTT KATZMAN  
3355 BURNS ROAD, STE 304  
PALM BEACH GARDENS, FL. 33410

### **Article VI**

The effective date for this Limited Liability Company shall be:

04/14/2008

Signature of member or an authorized representative of a member

Signature: XAVIER ESCOBAR

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