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

L08000090636
FILED 8:00 AM
September 23, 2008
Sec. Of State
btadlock

## Article I

The name of the Limited Liability Company is:

PAIN MANAGEMENT & ANESTHESIA SPECIALIST OF FLORIDA, LLC.

## Article II

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

18339 NE 19TH AVE
NORTH MIAMI BEACH, FL. 33179

The mailing address of the Limited Liability Company is:

18339 NE 19TH AVE
NORTH MIAMI BEACH, FL. 33179

## Article III

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

ANY AND ALL LAWFUL BUSINESS.

## Article IV

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

DANNY S FEDER
18339 NE 19TH AVE
NORTH MIAMI BEACH, FL. 33179

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: DANNY FEDER

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## Article V

The name and address of managing members/managers are:

Title: MGR
DANNY S FEDER
18339 NE 19TH AVE
NORTH MIAMI BEACH, FL. 33179

## Article VI

The effective date for this Limited Liability Company shall be:

09/23/2008

Signature of member or an authorized representative of a member

Signature: DANNY FEDER