

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

L08000096341
FILED 8:00 AM
October 13, 2008
Sec. Of State
gharvey

Article I

The name of the Limited Liability Company is:

PAIN MANAGEMENT CENTER OF WEST ORANGE, LLC

Article II

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

6000 METROWEST BLVD
SUITE 101
ORLANDO, FL. 32825

The mailing address of the Limited Liability Company is:

6000 METROWEST BLVD
SUITE 101
ORLANDO, FL. 32825

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:

CHRISTOPHER H MORRISON ESQ
1215 LOUISIANA AVE
WINTER PARK, FL. 32789

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: /CHRISTOPHER H. MORRISON, ESQ./

Article V

The name and address of managing members/managers are:

Title: MGRM
CARLOS JASSIR MD
6000 METROWEST BLVD, STE 101
ORLANDO, FL. 32825 US

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Article VI

The effective date for this Limited Liability Company shall be:

10/12/2008

Signature of member or an authorized representative of a member

Signature: /CHRISTOPHER H. MORRISON, ESQ./