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

L08000115237
FILED 8:00 AM
December 18, 2008
Sec. Of State
gmcleod

## Article I

The name of the Limited Liability Company is:

ANDERSON URGENT PAIN CENTER LLC

## Article II

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

1501 S. MISSOURI AVE.
CLEARWATER, FL. US 33765

The mailing address of the Limited Liability Company is:

1501 S. MISSOURI AVE.
CLEARWATER, FL. US 33765

## Article III

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

ANY AND ALL MEDICAL TREATMENTS AND SERVICES

## Article IV

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

TY R ANDERSON
8898 HERSHEY LN
SEMINOLE, FL. 33777

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: TY RESO ANDERSON

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## Article V

The name and address of managing members/managers are:

Title: MGR
TY R ANDERSON
8898 HERSHEY LANE
SEMINOLE, FL. 33777

## Article VI

The effective date for this Limited Liability Company shall be:

12/19/2008

Signature of member or an authorized representative of a member

Signature: TY RESO ANDERSON