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Division of Corporations

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From:

Account Name : CSH SERVICES, LLC.

Account Number : 120070000160 Phone : (800)494-3124 Fax Number : (561)455-9685

FLORIDA/FOREIGN LIMITED LIABILITY CO.

IPS of Palm Coast, LLC

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EXAMINER

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## ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

IPS OF PALM COAST, LLC

ARTICLE II ADDRESS

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

201 MONTGOMERY AVE

SARASOTA, FL 34243

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

A1A REGISTERED AGENT, INC. 5647 110TH AVENUE NORTH ROYAL PALM BEACH, FL 33411 EB 11 AM 9: 30

Having been named as registered agent 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 as provided for in Chapter 608, F.S.

A1A REGISTERED AGENT, INC./ Registered Agent's signature

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## ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

## ARTICLE V MEMBERS (optional)

MANAGING MEMBER
INNOVATIVE PAIN SOLUTIONS, LLC
201 MONTGOMERY AVE
SARASOTA FLORIDA 34243

MANAGING MEMBER
MUA CENTER OF PALM COAST, LLC
201 MONTGOMERY AVE
SARASOTA FLORIDA 34243

Signature of a member or an authorized representative of a member (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

**BRADLEY WACHOWIAK**