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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CSH SERVICES, LLC
Account Number : I20070000160
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

IPS OF DEL TONA, LLC

Certificate of Status	0
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C. LEWIS

FEB 25 2009

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**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
IPS OF DEL TONA, LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)


- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The name IPS OF DEL TONA, LLC should be listed as IPS OF DELTONA, LLC.

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: February 23rd, 2009


Signature of a member or authorized representative of a member

Bradley J. Workman
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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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 DEL TONA, 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

x Tina Mary Pres 2/11/09
A1A REGISTERED AGENT, INC./ Registered Agent's signature

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PAGE 2 IPS OF DEL TONA, LLC

ARTICLE IV MANAGEMENT

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

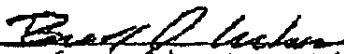
ARTICLE V MEMBERS (optional)

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

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TALLAHASSEE, FLORIDA

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X


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

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