

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

L09000022139
FILED 8:00 AM
March 06, 2009
Sec. Of State
btadlock

Article I

The name of the Limited Liability Company is:

SPORTS DOCS & PAIN MANAGEMENT CENTER LLC

Article II

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

5001 SOUTH UNIVERSITY DRIVE
SUITE G
DAVIE, FL. US 33328

The mailing address of the Limited Liability Company is:

5001 SOUTH UNIVERSITY DRIVE
SUITE G
DAVIE, FL. US 33328

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:

SOUTH FLORIDA TAX INC
5001 SOUTH UNIVERSITY DRIVE
SUITE G
DAVIE, FL. 33328

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: SCOTT E ITKIN

Article V

The name and address of managing members/managers are:

Title: MGRM
MATTHEW PETRUCCELLI
5001 S UNIVERSITY DRIVE, SUITE G
DAVIE, FL. 33328 US

L09000022139
FILED 8:00 AM
March 06, 2009
Sec. Of State
btadlock

Signature of member or an authorized representative of a member

Signature: SCOTT E ITKIN