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### FLORIDA/FOREIGN LIMITED LIABILITY CO.

SWCN PAIN MANAGEMENT, LLC

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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:

SWCN PAIN MANAGEMENT, LLC

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#### ARTICLE II ADDRESS

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

201 MONTGOMERY AVENUE SARASOTA, FLORIDA 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, FLORIDA 33411

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 AVENUE
SARASOTA, FLORIDA 34243

MANAGING MEMBER

NORTH FLORIDA HEALTH CARE, INC

1218 PARK AVENUE

ORANGE PARK, FLORIDA 32073

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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 J WACHOWIAK**