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Florida Department of State

Division of Corporations

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

From:
Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800)494-3124
Fax Number : (561)455-9885

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

ABCN PAIN MANAGEMENT, LLC

Certificate of Status	0
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D. BRUCE

MAY 20 2009

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:

ABCN PAIN MANAGEMENT, LLC

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 is:

A1A REGISTERED AGENT INC.
5647 110TH AVENUE NORTH
ROYAL PALM BEACH, FLORIDA 3341109 MAY 19 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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 Maki TINA MAKI PRES 5/19/09
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

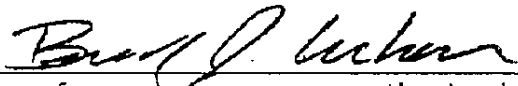
TRI-DIMENSION SPINAL REHAB, INC.
11740-2 SAN JOSE BOULEVARD
JACKSONVILLE, FLORIDA 32223

MANAGING MEMBER

INNOVATIVE PAIN SOLUTIONS, LLC
201 MONTGOMERY AVENUE
SARASOTA, FLORIDA 34243

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TALLAHASSEE, FLORIDA

.....
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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