

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

L09000066562
FILED 8:00 AM
July 10, 2009
Sec. Of State
jbryan

Article I

The name of the Limited Liability Company is:

FLORIDA INSTITUTE OF PAIN MANAGEMENT, LLC

Article II

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

5175-D ATLANTIC AVE
DELRAY BEACH, FL. US 33484

The mailing address of the Limited Liability Company is:

1101 N. CONGRESS AVE
208
BOYNTON BEACH, FL. US 33426

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:

KIMBERLY R STEIN DO
5175-D ATLANTIC AVE
DELRAY BEACH, FL. 33484

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: KIMBERLY R. STEIN

Article V

The name and address of managing members/managers are:

Title: MGRM
KIMBERLY R STEIN DO
5175-D ATLANTIC AVE
DELRAY BEACH, FL. 33484 US

Title: MGRM
VINCENT SALOMONI
5175-D ATLANTIC AVE
DELRAY BEACH, FL. 33484 US

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Article VI

The effective date for this Limited Liability Company shall be:

07/08/2009

Signature of member or an authorized representative of a member

Signature: CHRISTOPHER V. SALOMONI