Electronic Articles of Organization
For
Florida Limited Liability Company

L09000070038
FILED 8:00 AM
July 21, 2009
Sec. Of State
mthomas

Article I

The name of the Limited Liability Company is:

ADVANCED PAIN MANAGEMENT CLINIC, LLC

Article II

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

3546 ST. JOHNS BLUFF ROAD
SUITE 204
JACKSONVILLE, FL. 32244

The mailing address of the Limited Liability Company is:

10902 BAYMEADOWS ROAD
SUITE 207, PMB 107
JACKSONVILLE, FL. 32256

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:

MICHAEL S WILLENS D.O.
3546 ST. JOHNS BLUFF ROAD
SUITE 204
JACKSONVILLE, FL. 32244

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: MICHAEL S. WILLENS

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Article V

The name and address of managing members/managers are:

Title: MGRM
MICHAEL S WILLENS D.O.
3546 ST. JOHNS BLUFF ROAD, SUITE 204
JACKSONVILLE, FL. 32244

Article VI

The effective date for this Limited Liability Company shall be:

07/21/2009

Signature of member or an authorized representative of a member

Signature: MICHAEL S. WILLENS