

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

L09000076434
FILED 8:00 AM
August 10, 2009
Sec. Of State
nculligan

Article I

The name of the Limited Liability Company is:

AXIS PAIN CLINIC LLC

Article II

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

6919 MERRILL RD
JACKSONVILLE, FL. US 32277

The mailing address of the Limited Liability Company is:

6919 MERRILL RD
JACKSONVILLE, FL. US 32277

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:

VIPUL R PATEL
5924 COVERED CREEK LN
JACKSONVILLE, FL. 32277

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: VIPUL R PATEL

Article V

The name and address of managing members/managers are:

Title: MGRM
VIPUL R PATEL
5924 COVERED CREEK LN
JACKSONVILLE, FL. 32277 US

Title: MGRM
FIAZ JALEEL
3587 HIGHLAND GLEN
JACKSONVILLE, FL. 32224 US

Signature of member or an authorized representative of a member

Signature: VIPUL R PATEL

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