

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

L09000080618  
FILED 8:00 AM  
August 20, 2009  
Sec. Of State  
tcline

**Article I**

The name of the Limited Liability Company is:  
APOPKA PAIN MANAGEMENT CLINIC, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
3060 EAST SEMORAN BLVD  
SUITE P112  
APOPKA, FL. US 32703

The mailing address of the Limited Liability Company is:  
PO BOX 152  
KILLARNEY, FL. US 34740

**Article III**

The purpose for which this Limited Liability Company is organized is:  
MEDICAL MAIN MANAGEMENT CLINIC, CARING FOR PATIENTS  
SUFFERING FROM ACUTE OR CHRONIC CONDITIONS

**Article IV**

The name and Florida street address of the registered agent is:  
ROBIN E GUNNELL DC  
17544 KILLARNEY COVE  
KILLARNEY, FL. 34740

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: ROBIN E. GUNNELL, DC

## **Article V**

The name and address of managing members/managers are:

Title: MGRM  
TERENCE R MAHONEY MD  
605 VIA CHRIS COURT  
DEBARRY, FL. 32713 US

Title: MGRM  
ROBIN E GUNNELL DC  
17544 KILLARNEY COVE  
KILLARNEY, FL. 34740 US

Signature of member or an authorized representative of a member

Signature: ROBIN E. GUNNELL

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