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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (350) 617-6383

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

IPS of Denton, LLC

Certificate of Status	0
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M. THOMAS

AUG 31 2009

EXAMINER

H0900001914183

**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608 and/or 621, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

IPS OF DENTON, LLC

**ARTICLE II ADDRESS**

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

3201 COLORADO BLVD.

DENTON, TEXAS 76210

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent are:

A1A REGISTERED AGENT INC.

5647 110TH AVENUE NORTH

ROYAL PALM BEACH, FLORIDA 33411

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 Imajhaki TWA MAKI PRES 8/28/09  
A1A REGISTERED AGENT INC. / Registered Agent's signature

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IPS OF DENTON, LLC

**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

VINCENT MONTELIONE

7750 NOVA DRIVE, SUITE A-4

FT. LAUDERDALE FLORIDA 33324

MANAGING MEMBER

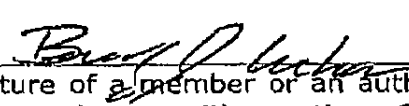
INNOVATIVE PAIN SOLUTIONS, LLC

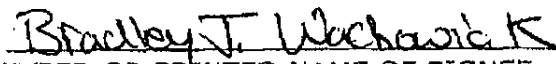
201 MONTGOMERY AVE.

SARASOTA, FLORIDA 34243

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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.

  
TYPED OR PRINTED NAME OF SIGNEE