

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

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FILED 8:00 AM
September 11, 2009
Sec. Of State
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Article I

The name of the Limited Liability Company is:
ST. PETE PAIN CLINIC, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
MEDICAL OFFICE BLDG, #320
1099 5TH AVENUE NORTH
ST. PETERSBURG, FL. US 33705

The mailing address of the Limited Liability Company is:
PO BOX 76525
ST. PETERSBURG, FL. US 33734

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:
JENNIFER BURNS
MEDICAL OFFICE BLDG, #320
1099 5TH AVENUE NORTH
ST. PETERSBURG, FL. 33705

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: JENNIFER BURNS

Article V

The name and address of managing members/managers are:

Title: MGRM
JENNIFER BURNS
PO BOX 76525
ST. PETERSBURG, FL. 33734 FL

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Article VI

The effective date for this Limited Liability Company shall be:

09/11/2009

Signature of member or an authorized representative of a member

Signature: JENNIFER BURNS