Electronic Articles of Organization
For
Florida Limited Liability Company

L09000096712
FILED 8:00 AM
October 07, 2009
Sec. Of State
nculligan

Article I

The name of the Limited Liability Company is:

COMPREHENSIVE ORTHOPEDIC PAIN CENTER OF SARASOTA,LLC

Article II

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

7964 MEGAN HAMMOCK WAY
SARASOTA, FL. 34240

The mailing address of the Limited Liability Company is:

7964 MEGAN HAMMOCK WAY
SARASOTA, FL. 34240

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:

CARLOS A DIAZ MD
7964 MEGAN HAMMOCK WAY
SARASOTA, FL. 34240

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: CARLOS DIAZ

Article V

L09000096712
FILED 8:00 AM
October 07, 2009
Sec. Of State
nculligan

The name and address of managing members/managers are:

Title: MGR
CARLOS A DIAZ MD
7964 MEGAN HAMMOCK WAY
SARASOTA, FL. 34240 US

Title: MGRM
IVELISSE M DIAZ
7964 MEGAN HAMMOCK WAY
SARASOTA, FL. 34240 US

Signature of member or an authorized representative of a member

Signature: CARLOS DIAZ