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FLORIDA/FOREIGN LIMITED LIABILITY CO.**PREMIER PAIN ASSOCIATES, LLC**

Certificate of Status	0
Certified Copy	1
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J. BRYAN

OCT 21 2009

EXAMINER

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**ARTICLES OF ORGANIZATION
OF
PREMIER PAIN ASSOCIATES, LLC**

**ARTICLE I
NAME**

The name of the limited liability company shall be Premier Pain Associates, LLC, (the "Company").

**ARTICLE II
MAILING ADDRESS AND STREET ADDRESS**

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

Mailing Address: 15931 Knightsbridge Court
Fort Myers, Florida 33908

Street Address: 12700 Creekside Lane
Fort Myers, Florida 33919

**ARTICLE III
REGISTERED OFFICE AND REGISTERED AGENT**

The name and address of the registered agent of the Company are: James P. Weiner, M.D., 15931 Knightsbridge Court, Fort Myers, Florida 33908.

**ARTICLE IV
DURATION**

The Company's existence shall commence as of the date these Articles of Organization are filed with the Florida Department of State, and shall continue in effect until it is dissolved upon the occurrence of an event of dissolution described in the Operating Agreement of the Company.

**ARTICLE V
PURPOSE**

The Company shall have unlimited power to engage in and do any lawful act concerning any or all lawful businesses for which limited liability companies may be organized according to the laws of the State of Florida, including all powers and purposes now and hereafter permitted by law to a limited liability company.

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**ARTICLE VI
OPERATING AGREEMENT**

The Members of the Company shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company which may contain any provisions for the regulation and management of the affairs of the Company that are not inconsistent with applicable law or these Articles of Organization.

IN WITNESS WHEREOF, the undersigned, being an Authorized Representative of the Company, has caused these Articles of Organization to be executed as of this 20th day of October, 2009.


James P. Weiner, M.D., Authorized Representative

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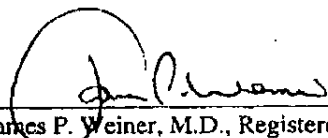
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT IN DESIGNATING THE REGISTERED OFFICE/ REGISTERED AGENT, IN
THE STATE OF FLORIDA.

1. The name of the limited liability company is: Premier Pain Associates, LLC
2. The name and address of the registered agent and office are:

James P. Weiner, M.D.
15931 Knightsbridge Court,
Fort Myers, Florida 33908

Having been named as registered agent and to accept service of process for the above
stated professional 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.


James P. Weiner, M.D., Registered Agent

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