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B. KOHR

JAN - 6 2010

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

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CONTACT: ASHLEY SMITH

DATE: 01-05-2010

REF. #: 000153.117399

CORP. NAME: FLORIDA INSTITUTE OF PAIN MEDICINE, LLC

( ) ARTICLES OF INCORPORATION
( ) ARTICLES OF AMENDMENT
( ) ARTICLES OF DISSOLUTION
( ) ANNUAL REPORT
( ) TRADEMARK/SERVICE MARK
( ) FICTITIOUS NAME
( ) FOREIGN QUALIFICATION
( ) LIMITED PARTNERSHIP
(XX) LIMITED LIABILITY
( ) REINSTATEMENT
( ) MERGER
( ) WITHDRAWAL
( ) CERTIFICATE OF CANCELLATION
( ) OTHER:

STATE FEES PREPAID WITH CHECK# 533178 **FOR $** 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: $**_____

PLEASE RETURN:

(XX) CERTIFIED COPY
( ) CERTIFICATE OF GOOD STANDING
( ) PLAIN STAMPED COPY
( ) CERTIFICATE OF STATUS

Examiner's Initials

EFFECTIVE DATE 1/5/2010

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ARTICLES OF ORGANIZATION
OF
FLORIDA INSTITUTE OF PAIN MEDICINE, LLC

The undersigned, acting as the authorized representative of a limited liability company under the Florida Limited Liability Company Act, adopts the following Articles of Organization for such limited liability company (the "Company"):

ARTICLE I
Name

The name of the Company is: **FLORIDA INSTITUTE OF PAIN MEDICINE, LLC**

ARTICLE II
Principal Office and Mailing Address

The principal office and mailing address of the Company is 161-4 Hampton Point Drive, St. Augustine, Florida 32092.

ARTICLE III
Initial Registered Agent and Office

The street address of the initial registered office of the Company is: 201 N. Franklin Street, Suite 2200, Tampa, Florida 33602, and the name of its initial registered agent at that address is: Michael J. Nolan.

ARTICLE IV
Managing Members

The name and address of the Managing Members of the Company are:

Name	Address
Bernard Canlas	161-4 Hampton Point Drive, St. Augustine, Florida 32092
Celina Fernandez Canlas	161-4 Hampton Point Drive, St. Augustine, Florida 3209

ARTICLE VI
Management

The Company shall be a member-managed company.

Dated effective as of this 5th day of January, 2010.

By: _____
Michael J. Nolan, Authorized Representative

ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent and to accept service of process for the Company, at the place designated as the registered office, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of the undersigned's duties, and the undersigned is familiar with and accepts the duties and obligations of the undersigned's position as registered agent.

Dated this 5th day of January, 2010.

REGISTERED AGENT:

Michael J. Nolan