

L100000002802

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6333

From:

Account Name : CSH SERVICES, LLC
Account Number : 120070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9835

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

IPS OF NEW SMYRNA, LLC

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|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$125.00 |

C. LEWIS

JAN 7 1 2010

EXAMINER

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H-10000004993-3

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

In compliance with Chapter 608, F.S.

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE**ARTICLE I NAME**

The name of the Limited Liability Company is:

IPS OF NEW SMYRNA, LLC

ARTICLE II ADDRESS


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

5700 MIDNIGHT PASS ROAD
SARASOTA, FLORIDA 34242**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.


A1A REGISTERED AGENT INC. / Registered Agent's signature

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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
HIGHLANDS MEDICAL CENTER, INC.
612 PALMETTO STREET
NEW SMYRNA BEACH, FLORIDA 32168

MANAGING MEMBER
INNOVATIVE PAIN SOLUTIONS, LLC
201 MONTGOMERY AVENUE
SARASOTA, FLORIDA 34243

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TALLAHASSEE, FLORIDA

.....
X Carl Noack

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.

CARL NOBACK MD

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