

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

L10000016627
FILED 8:00 AM
February 12, 2010
Sec. Of State
nculligan

Article I

The name of the Limited Liability Company is:
HURRICANE PAIN CLINIC LLC.

Article II

The street address of the principal office of the Limited Liability Company is:
12995 S. CLEVELAND AVE
SUITE 182
FORT MYERS, FL. 33907

The mailing address of the Limited Liability Company is:
12995 S. CLEVELAND AVE
SUITE 182
FORT MYERS, FL. 33907

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:
BRIAN R RUSH
5569 BENTON ST.
LEHIGH ACRES, FL. 33971

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: BRIAN R RUSH

Article V

The effective date for this Limited Liability Company shall be:
03/01/2010

Signature of member or an authorized representative of a member
Signature: BRIAN R RUSH