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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 APR 12 PM 2:02

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1409 Kingsley Avenue
Building 9B
Orange Park, FL 32073



Phone (904) 637-2700
Fax (904) 278-8001
www.lukelaw.com

April 7, 2010

TO: Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: St. Augustine Physical Medicine, LLC

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gary L. Luke
LUKE LAW LLC
1409 Kingsley Ave Bldg 9E
Orange Park, FL 32073
E-mail address (to be used for future annual report notification): garylluke@lukelaw.com

For further information concerning this matter, please call:

Gary L. Luke at (904) 637-2700

Enclosed is a check for the following amount: \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Should you have any questions, please contact me directly.

Sincerely,

A handwritten signature in cursive script, appearing to read "Gary L. Luke".

Gary L. Luke

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SECOND DEPT OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
ST. AUGUSTINE PHYSICAL MEDICINE, LLC**

ARTICLE I - NAME

The name of the limited liability company is St. Augustine Physical Medicine, LLC, ("company").

ARTICLE II - ADDRESS

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

Principal Office Address:

1100 S. Ponce de Leon Blvd., Ste 3A
St. Augustine, Florida 32084

Mailing Address:


1100 S. Ponce de Leon Blvd., Ste 3A
St. Augustine, Florida 32084

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

Luke Law, LLC
Gary L. Luke, Esquire
1409 Kingsley Ave, Bldg 9E
Orange Park, Florida 32073

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 as provided for in Chapter 608, F.S..



Gary L. Luke

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE IV - MANAGERS OR MANAGING MEMBERS

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGMR" = Managing Member

Name and Address:

MGMR

James Solana
3501-B N. Ponce de Leon Blvd., #112
St. Augustine, FL 32084

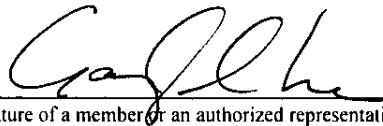
MGMR

James Dautel
60 Harmony Hall Road
Middleburg, FL 32068

MGMR

Jacksonville Spine and Injury Center, P.L.
2255 Dunn Avenue, Suite 201
Jacksonville, FL 32218

REQUIRED SIGNATURE:



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.)

GARY L. LUKE

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

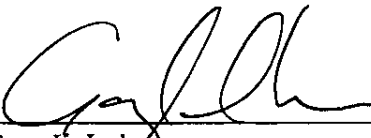
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY St. Augustine Physical Medicine, LLC, SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA:

1. The name of the Limited Liability Company is St. Augustine Physical Medicine, LLC.
2. The name and the Florida street address of the registered agent and office are
Luke Law, LLC
Gary L. Luke, Esquire
1409 Kingsley Ave, Bldg 9E
Orange Park, Florida 32073

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Gary L. Luke
Registered Agent