Electronic Articles of Organization
For
Florida Limited Liability Company

L10000049196
FILED 8:00 AM
May 07, 2010
Sec. Of State
gmcleod

Article I

The name of the Limited Liability Company is:

RIGHT PATH PAIN AND SPINE CENTER, PLLC

Article II

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

700 S. HARBOUR ISLAND BLVD.
UNIT 203
TAMPA, FL. 33602

The mailing address of the Limited Liability Company is:

700 S. HARBOUR ISLAND BLVD.
UNIT 203
TAMPA, FL. 33602

Article III

The purpose for which this Limited Liability Company is organized is:

PRACTICE OF MEDICINE

Article IV

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

TOM M PORTER MD
700 S. HARBOUR ISLAND BLVD.
UNIT 203
TAMPA, FL. 33062

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: TOM PORTER, MD

Article V

L10000049196
FILED 8:00 AM
May 07, 2010
Sec. Of State
gmcleod

The name and address of managing members/managers are:

Title: MGRM
TOM M PORTER MD
700 S. HARBOUR ISLAND BLVD., UNIT 203
TAMPA, FL. 33602

Signature of member or an authorized representative of a member

Signature: PIXIE MEREDITH