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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
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Effective Date 05/17/10

\*\*Enter the email address for this business entity -- to send tax...

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**FLORIDA LIMITED LIABILITY CO.  
PAIN AND SPINE CENTERS OF FLORIDA, LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	03
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TALLAHASSEE, FLORIDA

T. HAMPTON  
EXAMINER

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Effective Date 05/17/10

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**PAIN AND SPINE CENTERS OF FLORIDA, LLC.**

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC")

**ARTICLE II - Address:**

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

Street Address: 1322 N PINE HILLS RD ORLANDO, FL 32808

Mailing Address: PO BOX 1266 IAVARES, FL 32778

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**  
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration)

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

AKBAR ALLAN ALI  
1322 N PINE HILLS RD  
ORLANDO, FL 32808

*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.*



AKBAR ALLAN ALI / Registered Agent's Signature

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**ARTICLE IV- Manager(s) or Managing Member(s):**  
The name and address of each Manager or Managing Member is as follows:

"MGR" - Manager  
"MGRM" - Managing Member

DR SRIDHAR PINNAMANENI, MGRM  
PO BOX 1266  
TAVARES, FL 32778

**ARTICLE V: Effective date, if other than the date of filing: MAY 17, 2010**  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



(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.)

DR SRIDHAR PINNAMANENI

Typed or printed name of signer

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