

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

L10000055862  
FILED 8:00 AM  
May 24, 2010  
Sec. Of State  
gmcleod

**Article I**

The name of the Limited Liability Company is:  
CAPITAL CITY PAIN MANAGEMENT, L.C.

**Article II**

The street address of the principal office of the Limited Liability Company is:  
2868 MAHAN DRIVE  
SUITE 5  
TALLAHASSEE, FLORIDA, . US 32308

The mailing address of the Limited Liability Company is:  
2868 MAHAN DRIVE  
SUITE 5  
TALLAHASSEE, FL. 32308

**Article III**

The purpose for which this Limited Liability Company is organized is:  
TO ENGAGE IN THE PROFESSIONAL, LICENSED MEDICAL PRACTICE  
RELATED TO PAIN MANAGEMENT AND ALL ASSOCIATED MEDICAL  
ARTS AND ANY OTHER LAWFUL PURPOSES.

**Article IV**

The name and Florida street address of the registered agent is:  
MADIGAN LAW FIRM, P.L.  
215 EAST THARPE STREET  
TALLAHASSEE, FL. 32303

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: TERRELL C. MADIGAN

## **Article V**

The name and address of managing members/managers are:

Title: MGRM  
ROLAND P JONES M.D.  
2868 MAHAN DRIVE, SUITE 5  
TALLAHASSEE, FL. 32308 US

**L10000055862**  
**FILED 8:00 AM**  
**May 24, 2010**  
**Sec. Of State**  
gmcleod

Signature of member or an authorized representative of a member

Signature: TERRELL C. MADIGAN