

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

L10000091682
FILED 8:00 AM
September 01, 2010
Sec. Of State
btadlock

Article I

The name of the Limited Liability Company is:

PAIN MANAGERS OF CENTRAL FLORIDA, LLC

Article II

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

483 N. SEMORAN BLVD.
SUITE 208
WINTER PARK, FL. US 32792

The mailing address of the Limited Liability Company is:

483 N. SEMORAN BLVD.
SUITE 208
WINTER PARK, FL. US 32792

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:

MICHAEL A TESSITORE
612 EAST COLONIAL DRIVE
SUITE 150
ORLANDO, FL. 32803

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: MICHAEL A. TESSITORE

Article V

The name and address of managing members/managers are:

Title: MGR
ROBERTO RIOS SR.
483 N. SEMORAN BLVD., SUITE 208
WINTER PARK, FL. 32792 US

Title: MGR
KATE OWEN
483 N. SEMORAN BLVD., SUITE 208
WINTER PARK, FL. 32792 US

Signature of member or an authorized representative of a member

Signature: MICHAEL A. TESSITORE

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