

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

L10000116927
FILED 8:00 AM
November 10, 2010
Sec. Of State
alunt

Article I

The name of the Limited Liability Company is:

ADVANCED PAIN MANAGEMENT AND ANESTHESIA, P.L.

Article II

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

1050 SE MONTEREY ROAD
SUITE 101
STUART, FL. US 34994

The mailing address of the Limited Liability Company is:

1050 SE MONTEREY ROAD
SUITE 101
STUART, FL. US 34994

Article III

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

MEDICAL PRACTICE

Article IV

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

ROBERT GLUCKMAN
1050 SE MONTEREY ROAD
SUITE 101
STUART, FL. 34994

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: ROBERT GLUCKMAN

Article V

The name and address of managing members/managers are:

Title: MGRM
ROBERT GLUCKMAN
3302 SW HOLLY LANE
PALM CITY, FL. 34990 US

Title: MGRM
RAVI XAVIER
748 LAKESIDE DRIVE
NORTH PALM BEACH, FL. 33408 US

Article VI

The effective date for this Limited Liability Company shall be:

11/09/2010

Signature of member or an authorized representative of a member

Signature: MARIE DAVI

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