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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

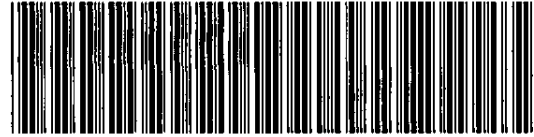
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC -6 PM 12:46

B. KOHR

DEC - 8 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
10 DEC -6 PM 12:46

SUBJECT: SAR Pain Institute LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephen Ross MD
Name of Person

SAR Pain Institute LLC
Firm/Company

506 S. E. 47th Terrace Suite B
Address

Cape Coral FL 33904
City/State and Zip Code

smrofpcafla@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID COURSON at (239) 541-5444
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED STATE SECRETARY OF CORPORATIONS DIVISION OF CORPORATIONS 10 DEC -6 PM 12:46

ARTICLE I - Name:

The name of the Limited Liability Company is:

SAR Pain Institute 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:

Principal Office Address:

Mailing Address:

506 S.E. 47th Terrace Suite A Cape Coral FL 33904

506 S.E. 47th Terrace Suite A Cape Coral FL 33904

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:

DAVID COURSON

Name

506 S.E. 47th Terrace Suite A

Florida street address (P.O. Box NOT acceptable)

Cape Coral FL 33904

City, State, and Zip

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..

David Courson

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

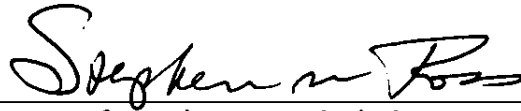
Stephen m Ross MD
17501 OHARA DR.
PORT CHARLOTTE FL 33948

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:



Signature of a member or an authorized representative of a member.

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

STEPHEN m ROSS MD
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)