

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

L11000003202
FILED 8:00 AM
January 07, 2011
Sec. Of State
alunt

Article I

The name of the Limited Liability Company is:
AVATAR PAIN MANAGEMENT CLINIC, PLLC

Article II

The street address of the principal office of the Limited Liability Company is:
1667 S. US HIGHWAY 1792
LONGWOOD, FL. US 32750

The mailing address of the Limited Liability Company is:
1667 S. US HIGHWAY 1792
LONGWOOD, FL. US 32750

Article III

The purpose for which this Limited Liability Company is organized is:
TO PROVIDE PAIN MANAGEMENT CLINICAL SERVICES.

Article IV

The name and Florida street address of the registered agent is:
GERRY GIANNELLI
1667 S. US HIGHWAY 1792
LONGWOOD, FL. 32750

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: GERRY GIANNELLI

Article V

The name and address of managing members/managers are:

Title: MGRM
GERRY GIANNELLI
1667 S. US HIGHWAY 1792
LONGWOOD, FL. 32750 US

Title: MGRM
KIRK ANDERSEN
1667 S. US HIGHWAY 1792
LONGWOOD, FL. 32750 US

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Signature of member or an authorized representative of a member

Electronic Signature: GERRY GIANNELLI

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.