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FLORIDA LIMITED LIABILITY CO.  
Neuroscience Pain Clinic, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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EXAMINER

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**ARTICLES OF ORGANIZATION  
OF  
NEUROSCIENCE PAIN CLINIC, LLC**

**ARTICLE I  
Name**

The name of the Limited Liability Company is Neuroscience Pain Clinic, LLC (the "Company").

**ARTICLE II  
Address**

The street address of the principal office of the Company is 9090 SW 87<sup>th</sup> Court, Suite 201, Miami, Florida 33176 and the mailing address of the Company is P.O. Box 160010, Hialeah, Florida 33016.

**ARTICLE III  
Registered Agent**

The name of the Company's registered agent in the State of Florida is Neuroscience Consultants, LLP and the address of the Company's registered office is 9960 NW 116 Way, Suite 13, Medley, Florida 33178.

**ARTICLE IV  
Duration**

The period of duration for the Company shall be perpetual.

**ARTICLE V  
Management**

The Company is to be a member-managed company and the name and address of the initial member is:

Neuroscience Consultants, LLP  
P.O. Box 160010  
Hialeah, Florida 33016

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**ARTICLE VI**

**Admission of Additional Members**

Members shall have the right to admit additional members as provided by the Florida Limited Liability Company Act by a vote of a majority-in-interest of the members.

**ARTICLE VII**

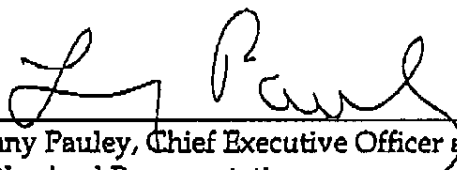
**Members' Rights to Continue Business**

The death, retirement, resignation, expulsion, dissolution, bankruptcy, dissociation or withdrawal of any member, or the occurrence of any other event that terminates the continued membership of any member shall not cause the Company to be dissolved or its affairs to be wound-up, and upon the occurrence of any such event, the Company shall be continued without dissolution and without any affirmative action or requirement on the part of the members.

**MEMBER:**

Neuroscience Consultants, LLP, a Florida  
limited liability partnership

By: \_\_\_\_\_

  
Larry Pauley, Chief Executive Officer and  
Authorized Representative

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CERTIFICATE OF DESIGNATION  
OF  
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.407 OR 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is Neuroscience Pain Clinic, LLC
2. The name and address of the registered agent and office is: Neuroscience Consultants, LLP, 9960 NW 116 Way, Suite 13, Medley, Florida 33178.

*Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent.*

Neuroscience Consultants, LLP, a Florida  
limited liability partnership

By:   
Lanny Pauley, Chief Executive Officer

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