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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : JOHN P. WHITE, P.A.
Account Number : 103243001632
Phone : (239) 649-7777
Fax Number : (239) 449-4470

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FLORIDA LIMITED LIABILITY CO.
LOWER KEYS HEALTH AND PAIN MANAGEMENT, PLC

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EXAMINER

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ARTICLES OF ORGANIZATION OF

LOWER KEYS HEALTH AND PAIN MANAGEMENT, PLC

The undersigned, pursuant to Chapters 608 and 621, Florida Statutes, as amended, does hereby adopt the following Articles of Organization for such professional services as are hereafter specified:

ARTICLE I – Name

The name of the Limited Liability Company is **LOWER KEYS HEALTH AND PAIN MANAGEMENT, PLC**, and the street and mailing address of the Company is 1485 Seabay Road, Weston, Florida 33326

ARTICLE II – Registered Office

The street address of the initial registered office of the Company shall be **John P. White, P. A., 1575 Pine Ridge Road, Suite 10, Naples, Florida 34109**, and the name of the initial registered agent at that address shall be **John P. White**.

ARTICLE III – Company Purposes, Powers, and Rights

The nature of the business to be conducted or promoted and purposes of the Company are to engage in the practice of medicine and any lawful act or activity for which a professional service limited liability company engaged in such profession may be organized under the Professional Service Corporation and Limited Liability Company Act and in which such a company is permitted to engage under other applicable law.

ARTICLE IV – Management

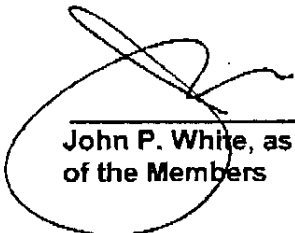
The Limited Liability Company is a member-managed Professional Service Limited Liability Company. The Professional Service Limited Liability Company shall be managed by the members(s) who are designated, appointed, or elected to act in such capacity in accordance with the Operating Agreement of the Limited Liability Company.

Prepared By:
John P. White
John P. White, P.A.
1575 Pine Ridge Road, Suite 10
Naples, Florida 34109
Florida Bar No. 170000
Telephone (239) 649-7777

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The persons who are designated or appointed as managing members shall carry out and further the decisions and actions of the members made pursuant to the Operating Agreement and shall be authorized to execute any and all reports, forms, instruments, documents, papers, writings, agreements, and contracts, including but not limited to deeds, bills of sale, assignments, leases, promissory notes, mortgages, and security agreements and any other type or form of document by which property or property rights of the Professional Service Limited Liability Company are transferred or encumbered, or by which debts and obligations of the Company are created, incurred, or evidenced, which are necessary, appropriate, or beneficial to carry out or further such decisions or actions.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization at Naples, Collier County, Florida on this 8th day of May, 2012.



John P. White, as the authorized representative
of the Members

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Prepared By:
John P. White
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**CERTIFICATE DESIGNATING
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 608.415 Florida Statutes, the undersigned Limited Liability Company (the "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 Company is:

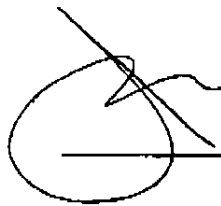
LOWER KEYS HEALTH AND PAIN MANAGEMENT, PLC

2. The name and street address of the registered agent and registered office is:

Mr. John P. White
John P. White, P.A.
1575 Pine Ridge Road, Suite 10
Naples, FL 34109

Having been named to accept service of process for the above Company at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 608.415 Florida Statutes.

Dated this May 8, 2012



John P. White

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