

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

L13000150738
FILED 8:00 AM
October 25, 2013
Sec. Of State
bbostick

Article I

The name of the Limited Liability Company is:

PAIN MD NAPLES, LLC

Article II

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

5150 TAMIAMI TRL N
SUITE 300
NAPLES, FL. US 34103

The mailing address of the Limited Liability Company is:

5150 TAMIAMI TRL N
SUITE 300
NAPLES, FL. US 34103

Article III

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

ANY AND ALL LAWFUL BUSINESS.

Article IV

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

LEO J SALVATORI
9132 STRADA PL
FOURTH FLOOR
NAPLES, FL. 34108

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: LEO J SALVATORI

Article V

The name and address of managing members/managers are:

Title: MGRM
PAIN MD CENTERS, LLC
5150 TAMiami TRl N STE 300
NAPLES, FL. 34103

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Article VI

The effective date for this Limited Liability Company shall be:

10/25/2013

Signature of member or an authorized representative of a member

Electronic Signature: JOHN B STORY

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.