

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

**L14000076992  
FILED 8:00 AM  
May 12, 2014  
Sec. Of State  
alunt**

**Article I**

The name of the Limited Liability Company is:

PAIN AND SPINE PHYSIO REHAB LLC

**Article II**

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

3787 PALM VALLEY  
STE 102-335  
PONTE VEDRA BEACH, FL. 32082

The mailing address of the Limited Liability Company is:

3787 PALM VALLEY  
STE 102-335  
PONTE VEDRA BEACH, FL. 32082

**Article III**

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

SUPERBIZ REGISTERD AGENT, INC.  
2761 VISTA PKWY UNIT E4  
WEST PALM BEACH, FL. 33411

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: PAUL SMITH, V.P.

## **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: AMBR  
REGINO IRWIN B REYES  
3787 PALM VALLEY STE 102-335  
PONTE VEDRA BEACH, FL. 32082

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Signature of member or an authorized representative

Electronic Signature: REGINO IRWIN B REYES

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.