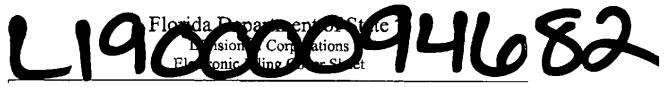
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 Phone : (845)425-0077 Fax Number : (845)818-3588

**Enter the email address for this business entity to be used for future

್ಳ∨ Email Address:

FLORIDA LIMITED LIABILITY CO.

annual report mailings. Enter only one email address please.**

Center for Pain Treatment, LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION

OF

CENTER FOR PAIN TREATMENT, LLC

2019 APR 10 AH 10: 30 SECRETARY OF STATE FALLAHASSEE, FEORIDA

ARTICLE I

The name of the Limited Liability Company is: Center for Pain Treatment, LLC

ARTICLE II

The mailing address and street address of the principal office of the Limited Liability Company is 4351 Stoney Pointe Road, Melbourne, Florida 32940

ARTICLE III

The name and the Florida street address of the registered agent are: Dr. Ronald Stern, 4351 Stoney Pointe Road, Melbourne, Florida 32940

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 provided for in Chapter 605 F.S.

Registered Agent's Signature:

Dr. Ronald Stern

ARTICLE IV

The name and address of each person authorized to manage and control the Limited Liability Company:

Title

Name and Address

AMBR

Dr. Ronald Stern 4351 Stoney Pointe Road Melbourne, Florida 32940

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization of Center for Pain Trentment, LLC under Section 605.0201 of the Florida Revised Limited Liability Company Act this 9th day of April, 2019.

Dr. Ronald Stern, Manager