

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

**L23000311228  
FILED 8:00 AM  
June 28, 2023  
Sec. Of State  
rhunt**

**Article I**

The name of the Limited Liability Company is:  
INTERVENTIONAL PAIN INSTITUTE, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
11974 COUNTY RD  
102  
THE VILLAGES, FL. 32162

The mailing address of the Limited Liability Company is:  
11974 COUNTY RD  
102  
THE VILLAGES, FL. 32162

**Article III**

The name and Florida street address of the registered agent is:  
BRENT C COMPTON  
33017 LAKESHORE DR  
TAVARES, FL. 32778

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: BRENT COMPTON

## **Article IV**

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

Title: CEO  
BRENT C COMPTON  
33017 LAKESHORE DR  
TAVARES, FL. 32778

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Signature of member or an authorized representative

Electronic Signature: BRENT COMPTON

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.