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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242 Phone : (215)563-8113 Fax Number : (215)977-9386

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

FLORIDA LIMITED LIABILITY CO. INJURY PAIN MD & AESTHETICS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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WHASSEE, FL	PM 4: 26

T. MATTHEWS

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPAN

ARTICLE I - Name:

The name of the Limited Liability Company is:

INJURY PAIN MD & AESTHETICS, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1962 Main Street, Suite 100

Sarasota, FL 34236

1962 Main Street, Suite 100

Sarasota, FL 34236

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Anjus S. Madnani, M.D.

Name

1962 Main Street, Suite 100

Florida street address (P.O. Box NOT acceptable)

Sarasota

City

State

Zip

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 as provided for in Chapter 605, F.S.

(CONTINUED)

ARTICLE IV-

Page: 3 of 3

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<u>Citle:</u>	Name and Address:
'AMBR" = Authorized Member	
MGR" = Manager	
AMBR	Anius S. Madnani, M.D.
THE STATE OF THE S	1962 Main Street, Suite 100
	Sarasota, FL 34236
•	
AMBR	Sanjay M. Madnani, M.D.
	1962 Main Street, Suite 100
	Sarasota, FL 34236
	
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V: Effective date, if other than tive date is listed, the date mustiling.) ne date inserted in this block do ent's effective date on the Depa VI: Other provisions, if any. EQUIRED SIGNATURE: Signatur This document I not aware that constitutes a the	es to be specific and cannot be more than five business days prior to or 90 des not meet the applicable statutory filing requirements, this date will not be artment of State's records. The of a member or an authorized representative of a member. In executed in accordance with section 605 0203 (1) (b), Florida Statutes any false information submitted in a document to the Department of States.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)