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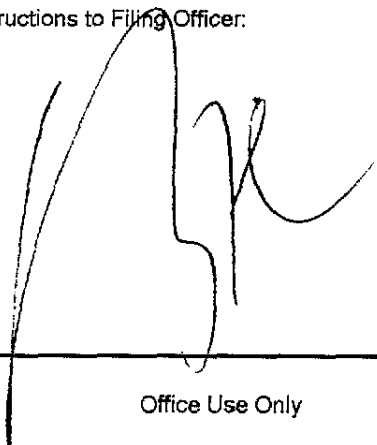
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Pace Ambulatory Surgery Center,

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Name _____ Date 10/3/05 Time 1:20

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**ARTICLES OF ORGANIZATION
OF
PACE AMBULATORY SURGERY CENTER, LLC**

These Articles of Organization of Pace Ambulatory Surgery Center, LLC (the "Company"), are being duly executed and filed by the undersigned person pursuant to the Florida Limited Liability Act, Fl. Stat. Ann. § 608.401 *et seq.* (the "Act"):

ARTICLE I

NAME

The name of the Company is Pace Ambulatory Surgery Center, LLC.

ARTICLE II

PRINCIPAL ADDRESS

The mailing address and street address of the principal office of the Company is 5151 North Ninth Avenue, Pensacola, Florida 32504.

ARTICLE III

DURATION

The period of duration for the Company shall be perpetual, commencing as of the date of the filing of these Articles of Organization with the Florida Department of State. This limited liability company's existence shall commence upon the filing of these Articles of Organization with the Florida Secretary of State.

ARTICLE I

REGISTERED OFFICE AND AGENT

The street address of the Company's registered office in the State of Florida at the time of filing these Articles of Organization is 5151 North Ninth Avenue, Pensacola, Florida 32504 and the name of its registered agent at such office is currently Karen O. Emmanuel, Esq.

ARTICLE I

MANAGEMENT BY BOARD OF MANAGERS

The Company is to be managed by its Board of Managers in accordance with the Company's Operating Agreement as in effect from time to time hereafter.

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IN WITNESS WHEREOF, the undersigned member has executed these Articles of Organization as of this 29th day of September, 2005.

GULF COAST DIVERSIFIED, INC.

By: E. Peter Heckathorn

Its: President

Date: 09/29/2005

STATE OF FLORIDA)
)
COUNTY OF ESCAMBIA)

The foregoing instrument was acknowledged before me by E. Peter Heckathorn as President of Gulf Coast Diversified, Inc., a Florida corporation, who personally appeared before me and who is personally known to me, or who has produced NA as identification, this 29th day of September, 2005.

Karen O. Emmanuel

Print Name: Karen O. Emmanuel
Notary Public, State and County Aforesaid
Commission No.: DD210003
My Commission Expires: May 6, 2007

(Affix Official Seal)

REGISTERED AGENT ACCEPTANCE

I do hereby accept the foregoing designation as registered agent of Pace Ambulatory Surgery Center, LLC. Further, I am familiar with and accept the duties and obligations of such designation as provided for in Chapter 608 Florida Statutes.

Karen O. Emmanuel
Karen O. Emmanuel

Date: Sept. 29, 2005