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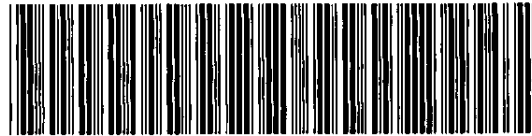
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1. Clearwater Pain Management Associates Division, LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: \* See Effective Date

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ARTICLES OF ORGANIZATION  
OF  
CLEARWATER PAIN MANAGEMENT ASSOCIATES DIVISION, LLC

The undersigned hereby certifies that he is the Authorized Representative of a Member who is forming a Limited Liability Company under Chapter 608, Florida Statutes. The following Articles of Organization are hereby adopted.

ARTICLE I.  
NAME

The name of the Limited Liability Company shall be Clearwater Pain Management Associates Division, LLC.

ARTICLE II.  
DURATION; EFFECTIVE DATE

This Limited Liability Company shall exist perpetually, commencing as of June 1, 2011.

ARTICLE III.  
ADDRESS; PRINCIPAL OFFICE

The mailing address of the Limited Liability Company and the street address of the principal office of the Limited Liability Company is 1901 Ulmerton Road, Suite 450, Clearwater, Florida 33762.

ARTICLE IV.  
INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The address of the initial registered office of the Limited Liability Company is 150 2<sup>nd</sup> Avenue North, Suite 1100, St. Petersburg, Florida 33701 and the name of its initial registered agent at such address is Joel D. Bronstein.

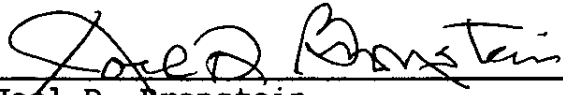
ARTICLE V.  
PURPOSE

This Limited Liability Company is organized for the purpose of owning a membership interest in Greater Florida Anesthesiologists, LLC, a Florida limited liability company and to operate a group medical practice through Greater Florida Anesthesiologists, LLC. This Limited Liability Company shall engage in no other business.

The undersigned, being the Authorized Representative of one of the Members of the Limited Liability Company hereby certifies that the foregoing constitutes the Articles of Organization of Clearwater Pain Management Associates Division, LLC.

Executed by the undersigned on May 25, 2011.


AUTHORIZED REPRESENTATIVE OF A MEMBER

  
\_\_\_\_\_  
Joel D. Bronstein

ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT  
ACKNOWLEDGMENT OF REGISTERED AGENT

Pursuant to Chapter 621, Florida Statutes, I agree to act in the capacity of Registered Agent for Clearwater Pain Management Associates Division, LLC and will comply with the provisions of all statutes relative to the proper and complete performance of my duties. I am familiar with and accept the obligations of Section 608.415, Florida Statutes.

DATED this 25th day of May, 2011.

  
\_\_\_\_\_  
Joel D. Bronstein