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**LIMITED LIABILITY COMPANY**

**ANESTHESIA AND PAIN CONSULTANTS OF CENTRAL FLORIDA,**

Certificate of Status	1
Certified Copy	0
Page Count	05 03
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**ARTICLES OF ORGANIZATION  
OF  
ANESTHESIA AND PAIN CONSULTANTS OF CENTRAL FLORIDA, L.L.C.**

The undersigned hereby executes and acknowledges these Articles of Organization for the purpose of becoming a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges and immunities of limited liability companies for profit and hereby adopt the following Articles of Organization for such limited liability company:

**ARTICLE I**

**Name and Principal Office**

The name of this limited liability company is **ANESTHESIA AND PAIN CONSULTANTS OF CENTRAL FLORIDA, L.L.C.** and its principal office and mailing address is located: **111 Waterman Avenue, Mount Dora, Florida 32757.**

**ARTICLE II**

**Duration**

The existence of this limited liability company shall be perpetual, commencing upon the filing of the Articles of Organization by the Florida Department of State.

**ARTICLE III**

**Purpose**

The purpose of this limited liability company is to engage in any activity or business permitted under the laws of the United States and the State of Florida.

**ARTICLE IV**

**Membership**

The member(s) of this limited liability company have the right to admit additional members to this organization upon the unanimous consent of those individuals or entities who are members prior to the admission of the new member. However, the transferee or assignee shall not be entitled to become a member or participate in the business and affairs of

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this limited company unless the transfer or assignment is approved by the unanimous consent of the member(s) not proposing to transfer or assign their interests.

**ARTICLE V**  
**Management**

This organization is to be managed by a manager or managers elected by a majority interest of its members. The initial manager(s), who shall serve until the earlier of their deaths, resignations, replacements or until the first annual meeting of members and their successors are elected and qualified, shall be: **THE FLORIDA PAIN MANAGEMENT CENTER, INC.**

**ARTICLE VI**  
**Amendment of Articles of Organization**

These Articles of Organization and the Company's Regulations may be amended at any time by the members.

**ARTICLE VII**  
**Initial Registered Office and Agent**

The street address of this limited liability company's initial registered office is and the name of this limited liability Company's initial registered agent is **STACY J. BERCKES, M.D.**

IN WITNESS WHEREOF, the undersigned have executed these Articles of Organization of this limited liability Company this 26th day of April, 2001.

**THE FLORIDA PAIN MANAGEMENT CENTER, INC.**

By:   
**STACY J. BERCKES, M.D., President**

Audit # H01000047988 0**ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT**

**STACY J. BERCKES, M.D.**, having been named as registered agent to accept service of process for **ANESTHESIA AND PAIN CONSULTANTS OF CENTRAL FLORIDA, L.L.C.**, a Florida limited liability company, at the registered office designated below, hereby agrees and consents to act in that capacity.

Registered Office: 111 Waterman Avenue, Mount Dora, Florida 32757.

The undersigned is familiar with and accepts the duties and obligations of the position of registered agent.

DATED this 26th day of April, 2001.

  
STACY J. BERCKES, M.D.

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