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CERTIFIED FAMILY LAW MEDIATOR  
\*\* ALSO ADMITTED IN LOUISIANA  
\*\*\* BOARD CERTIFIED CRIMINAL  
TRIAL PRACTICE

January 7, 2002

Florida Department of State  
Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

FILED  
02 JAN -8 PM 12:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RE: White Sands Anesthesia & Pain Medicine, L.L.C.

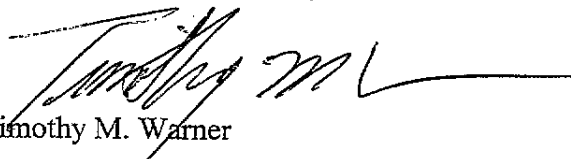
Gentlemen:

Enclosed please find original and one (1) copy of Articles of Organization for the above-referenced limited liability company. Also enclosed is this firm's check in the amount of \$155.00 for the filing fee, designation of registered agent and certified copy. Please return the certified copy to my office.

Thank you for your cooperation in this matter. Please feel free to contact my office if you have any questions.

Very truly yours,

WARNER & MALLORY, P.A.

  
Timothy M. Warner

TMW:tb  
Enclosure(s)

200004758532--6  
-01/08/02--01029--002  
\*\*\*\*155.00 \*\*\*\*155.00

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OK

**ARTICLES OF ORGANIZATION FOR  
WHITE SANDS ANESTHESIA & PAIN MEDICINE, L.L.C.,  
a Florida Limited Liability Company**

**ARTICLE I - Name**

The name of the Limited Liability Company is WHITE SANDS ANESTHESIA & PAIN MEDICINE, L.L.C.

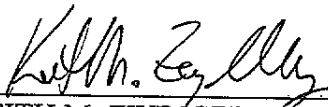
**ARTICLE II - Address**

The mailing address of the principal office of the Limited Liability Company is PMB #401, 4421 Commons Drive E, Destin, FL 32541-3487; and the street address of the principal office of the Limited Liability Company is 4485 Furling Lane, Destin, FL 32541.

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

The name and the Florida street address of the registered agent are KEITH M. ZWINGELBERG, M.D., 4485 Furling Lane, Destin, FL 32541.

*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 608, F.S.*

  
\_\_\_\_\_  
KEITH M. ZWINGELBERG, M.D.  
(Registered Agent)

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TALLAHASSEE, FLORIDA

**ARTICLE IV - Management (Check box if applicable.)**

- ☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

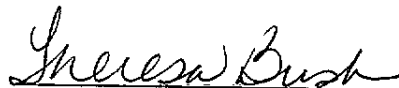
  
\_\_\_\_\_  
KEITH M. ZWINGELBERG, M.D.

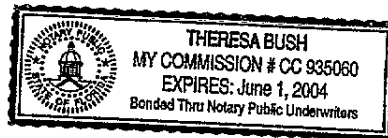
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

STATE OF FLORIDA  
COUNTY OF BAY

The foregoing instrument was acknowledged before me this 7th day of January, 2002, by KEITH M. ZWINGELBERG, M.D., who did not take an oath, and who is personally known unto me.

(SEAL)

  
\_\_\_\_\_  
Notary Public



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