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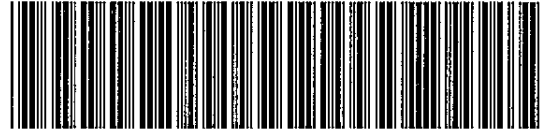
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STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN JUL 26 2004



CORPORATION SERVICE COMPANY\*

ACCOUNT NO. : 072100000032

REFERENCE : 822159 3487A

AUTHORIZATION :

COST LIMIT : \$ 155.00

*Patricia T. [signature]*

ORDER DATE : July 27, 2004

ORDER TIME : 10:44 AM

ORDER NO. : 822159-010

CUSTOMER NO: 3487A

CUSTOMER: Ms. Sandra K. Dunbar  
Icard Merrill Cullis Timm  
Furen & Ginsburg, Pa  
Suite 600  
2033 Main Street  
Sarasota, FL 34237

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DOMESTIC FILING

NAME: PAIN CARE OF CLEARWATER, LLC

EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Justin Cheshire - EXT. 2909

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION**  
**OF**  
**PAIN CARE OF CLEARWATER, LLC**

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CLERK OF CIRCUIT COURT  
TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby makes, acknowledges, and files the following Articles of Organization.

**ARTICLE I - NAME**

The name of the limited liability company shall be Pain Care of Clearwater, LLC ("Company").

**ARTICLE II - PURPOSE AND POWER**

The purpose for which the Company is organized is to own and operate a medical clinic and to otherwise conduct any lawful business to promote any lawful purpose, and to engage in any lawful act or activity, for which limited liability companies may be organized under the Florida Limited Liability Company Act, including, but not limited to, the purchase, development, sale, service, lease and management of personal and real properties of all kinds and descriptions.

The Company shall have the powers provided for a limited liability company under the Florida Limited Liability Company Act, and by applicable law. All such powers shall be exercised by or under the authority of, and the business and affairs of this Company shall be managed under the direction of the managers of the Company.

**ARTICLE III - MAILING ADDRESS AND PRINCIPAL OFFICE**

The mailing address and street address of the principal office of the Company shall be 4931 80<sup>th</sup> Ave. Cir. E., Sarasota, FL 34237.

**ARTICLE IV - INITIAL REGISTERED AGENT AND REGISTERED OFFICE**


The initial street address of the Corporation's registered office is Icard, Merrill, Cullis, Timm, Furen & Ginsburg, P.A., 2033 Main Street, Suite 600, Sarasota, FL 34237. The initial registered agent for the Corporation at that address is Katherine L. Smith, Esquire.

**ARTICLE V - OPERATING AGREEMENT**

The Operating Agreement entered into by the members of the Company, and any amendments or restatements thereof, shall be in writing. No oral agreement among any

of the members or managers of the Company shall be deemed or construed to constitute any portion of, or otherwise affect the interpretation of, the Operating Agreement of the Company, as amended and in existence from time to time.

**IN WITNESS WHEREOF**, the undersigned member (or authorized representative) has executed these Articles of Organization at Sarasota, Florida, as of July 26, 2003.

  
Katherine L. Smith  
Member or Authorized Representative

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OFFICE OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE LIMITED LIABILITY COMPANY DESCRIBED BELOW SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Pain Care of Clearwater, LLC.
2. The name and address of the registered agent and office is:

Katherine L. Smith, Esquire

Icard, Merrill, Cullis, Timm, Furen & Ginsburg, P.A.

2033 Main Street, Suite 600

Sarasota, FL 34237

*Having been named 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 such capacity. I further agree that I am familiar with and accept the obligations as registered agent of the above-stated company as provided in Chapter 608 of the Florida Statutes.*

Katherine L. Smith  
(Signature)

July 26, 2004

(Date)

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