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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
Phone : (813) 229-7600
Fax Number : (813) 229-1660

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TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.
GULF COAST PAIN MANAGEMENT PHYSICIANS, LLC

Certificate of Status	1
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**ARTICLES OF ORGANIZATION FOR
GULF COAST PAIN MANAGEMENT PHYSICIANS, LLC**

**ARTICLE I
Name**

The name of the Limited Liability Company is:

GULF COAST PAIN MANAGEMENT PHYSICIANS, LLC

**ARTICLE II
Address**

The mailing address and street address of the principal office of the Limited Liability Company are 3890 Tampa Road, Suite 308, Palm Harbor, Florida 34684.

**ARTICLE III
Duration**

The period of duration for the Limited Liability Company is perpetual.

**ARTICLE IV
Management**

The Limited Liability Company is to be manager managed.

**ARTICLE V
Admission of Additional Members**

No person may be admitted as a member unless each member consents in writing to the admission of the additional member, and transfer of all interests in the Limited Liability Company is restricted in accordance with provisions contained in the Operating Agreement or in a Transfer Restriction Agreement entered into by the Limited Liability Company and its members.

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ARTICLE VI
Registered Agent and Registered Address

The name and the street address of the registered agent are:

Erin Aebel
Shumaker, Loop & Kendrick, LLP
101 East Kennedy Boulevard
Suite 2800
Tampa, Florida 33602

ARTICLE VII
Indemnification

The Limited Liability Company shall, to the full extent permitted by Section 608.4363 of the Florida Statutes, as amended from time to time, indemnify all persons whom it may indemnify pursuant thereto. The indemnification provided by this Article VII shall not limit or exclude any rights, indemnities or limitations of liabilities to which any person may be entitled, whether as a matter of law, under the regulations of the Limited Liability Company, by agreement or otherwise.

In Witness Whereof, the undersigned has executed these Articles of Organization as an authorized representative of the managers and members this 29 day of October 2007.


Erin Aebel, Authorized Agent

(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.)

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.57, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is GULF COAST PAIN MANAGEMENT PHYSICIANS, LLC.
2. The name and the Florida street address of the registered agent are:

Erin Aebel
Shumaker, Loop & Kendrick, LLP
101 East Kennedy Boulevard
Suite 2800
Tampa, Florida 33602

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.


Erin Aebel, Registered Agent

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