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From:

Account Name : CSH SERVICES, LLC

Account Number: I20070000160

Phone : (800)494-3124

: (561)455-9885 Fax Number

FLORIDA/FOREIGN LIMITED LIABILITY CO.

MUA Center of Palm Coast, LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

MUA CENTER OF PALM COAST, LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

201 MONTGOMERY AVE SARASOTA, FL 34243

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

A1A REGISTERED AGENT, INC. 5647 110TH AVENUE NORTH ROYAL PALM BEACH, FL 33411

Having been named as registered agent 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.

A1A REGISTERED AGENT, INC./ Registered Agent's signature

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ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER
INNOVATIVE PAIN SOLUTIONS, LLC
201 MONTGOMERY AVE
SARASOTA FLORIDA 34243

MANAGING MEMBER
ANESTHESIA COMPANY OF AMERICA LLC
201 MONTGOMERY AVE
SARASOTA FLORIDA 34243

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SECRETARY OF STATE
TAIL AHASSEE. FLORIDA

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Signature of a member or an authorized representative of a member (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.

BRADLEY WACHOWIAK