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To:
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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 Partners, LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION
GULF COAST PAIN MANAGEMENT PARTNERS, LLC**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is Gulf Coast Pain Management Partners, LLC.

ARTICLE II - Address:

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


3890 Tampa Road
Suite 308
Palm Harbor, Florida 34684

ARTICLE III - Managing Member:

The name and address of the managing member are:

Lynne Columbus, D.O.
3890 Tampa Road
Suite 308
Palm Harbor, FL 34684

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 28th day of October 2009.



Signature of 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.)

Erin Smith Aebel

Typed or printed name of signee

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

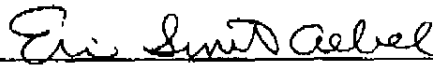
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PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is Gulf Coast Pain Management Partners, LLC.
2. The name and the Florida street address of the registered agent are:

Erin Smith Aebel
Shumaker, Loop & Kendrick, LLP
101 E. Kennedy Blvd., 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 Smith Aebel
Registered Agent

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