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Account Name : CAPITOL SERVICES, INC.  
Account Number : 120160000017  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
COMPREHENSIVE PAIN SERVICES, PLLC**

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**AMENDED AND RESTATED  
ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY**

The undersigned hereby certifies as follows:

1. The name of the limited liability company is COMPREHENSIVE PAIN SERVICES, PLLC (the "Company").
2. The Articles of Organization of the Company were filed with the Department of State of the State of Florida on October 21, 2013 and assigned Florida document number L13000148093.
3. The Company's Articles of Organization are amended and restated in their entirety as set forth in the Amended and Restated Articles of Organization set forth below (the "Restated Articles").
4. The Restated Articles were duly adopted and approved by the Company's sole member as of the date hereof.
5. The Restated Articles supersede the Company's Articles of Organization and any amendments thereto in their entirety.

Pursuant to Section 605.0202 of the 2017 Florida Statutes, the Company does hereby adopt the following Amended and Restated Articles of Organization:

**Article I – Name**

The name of the Company is COMPREHENSIVE PAIN SERVICES, LLC.

**Article II – Addresses**

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

4901 Marketplace Road  
Pensacola, Florida 32504

**Article III – Duration**

The period of duration of the Company shall be perpetual.

#### Article IV – Member

The name and mailing address of the initial member of the Company is:

Gulf Coast Pain Consultants, LLC  
4901 Marketplacc Road  
Pensacola, Florida 32504

#### Article V – Purpose and Powers

The purpose of the Company is to engage in any lawful act or activity for which limited liability companies may be organized under the 2017 Florida Statutes.

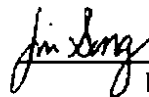
#### Article VI – Registered Agent

The registered agent of the Company is C T Corporation System. The registered office address is:

1200 South Pine Island Road  
Plantation, Florida 33324

*Having been named as registered agent and to accept service of process for the Company at the place designated herein, 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 605 of the 2017 Florida Statutes.*

CT Corporation System

 Jin Song Assistant Secretary  
Registered Agent

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IN WITNESS WHEREOF, the undersigned has executed these Amended and Restated Articles of Organization on the 23rd day of February, 2018.

GULF COAST PAIN CONSULTANTS,  
LLC, its sole member

By:

  
Name: David Fairleigh, M.D.  
Title: Manager

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