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**FLORIDA LIMITED LIABILITY CO.
FIRST COAST PAIN CONSULTANTS, PLLC**

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**ARTICLES OF ORGANIZATION
OF
FIRST COAST PAIN CONSULTANTS, PLLC**

These Articles of Organization are submitted for the purpose of forming a professional limited liability company pursuant to the Florida Revised Limited Liability Company Act, Chapter 605, Florida Statutes, and the Professional Service Corporation and Limited Liability Company Act, Chapter 621, Florida Statutes, as the same may from time to time be amended, superseded or replaced (the "Acts").

ARTICLE I - NAME

The name of this professional limited liability company (the "Company") is First Coast Pain Consultants, PLLC.

ARTICLE II - PURPOSE

The purpose of the Company is to render professional medical services.

ARTICLE III - ADDRESS

The initial address of the principal office of the Company is 105 Whitehall Drive, Units 115 and 116, St. Augustine, Florida 32086 and the initial mailing address of the Company is 105 Meeting Way, Ponte Vedra Beach, Florida 32082.

ARTICLE IV - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 1301 Riverplace Boulevard, Suite 1500, Jacksonville, Florida 32207 and the name of its initial registered agent at such address is Beverly A. Pascoe.

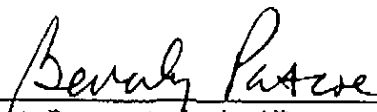
ARTICLE V - MANAGEMENT OF THE COMPANY

The Company is to be managed by one or more managers and is, therefore, a manager-managed company.

ARTICLE VI - LIMITED LIABILITY

Except as otherwise expressly provided by the Acts, no member, manager, officer, agent or employee of the Company shall be personally liable for the debts, obligations or liabilities of the Company, whether arising in contract, tort or otherwise, or for the acts or omissions of any other member, manager, officer, agent or employee of the Company.

IN WITNESS WHEREOF, the undersigned, being an authorized representative of a Member of the Company, has executed these Articles of Organization this 25th day of October, 2017. In accordance with Section 605.0205(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.


Beverly A. Pascoe, Authorized Representative

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

Pursuant to the provisions of Section 605.0113, Florida Statutes, the below named limited liability company, organized under the laws of the State of Florida, 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:

First Coast Pain Consultants, PLLC

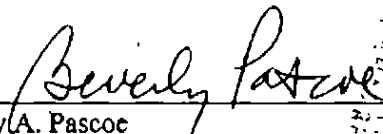
2. The name and address of the registered agent and office are:

**Beverly A. Pascoe
1301 Riverplace Boulevard, Suite 1500
Jacksonville, Florida 32207**

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.

Dated: October 25, 2017

Signature of Registered Agent


Beverly A. Pascoe

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