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Florida Department of State  
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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : SHERIDAN HEALTHCORP, INC.  
Account Number : I20000000045  
Phone : (954) 838-2769  
Fax Number : (954) 851-1780

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: adriana.tejeda@shcr.com

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**Blue Water Pain Solutions, P.A.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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**ARTICLES OF INCORPORATION OF  
BLUE WATER PAIN SOLUTIONS, P.A.**

**ARTICLE I - NAME**

The name of this corporation is Blue Water Pain Solutions, P.A. (the "Corporation").

**ARTICLE II - TERM**

The corporate existence of the Corporation shall be perpetual, unless and until terminated pursuant to Florida law.

**ARTICLE III - PURPOSE**

The Corporation is organized for the purpose of practicing medicine organized under the Florida Professional Service Corporation and Limited Liability Company Act of the State of Florida.

**ARTICLE IV - PRINCIPAL OFFICE ADDRESS**

The mailing and street address of the principal office of this Corporation, unless and until relocated, is 801 Brickell Key Blvd., # 2803, Miami, Florida 33131.

**ARTICLE V - CAPITAL STOCK**

The aggregate number of shares which the Corporation shall have the authority to issue is 1,000 shares of Common Stock, par value \$.01 per share.

**ARTICLE VI - REGISTERED AGENT  
AND REGISTERED OFFICE**

The mailing and street address of the initial registered office of this Corporation is 1613 N. Harrison Parkway, Suite 200, Sunrise, FL 33323; and the name of the initial registered agent of this Corporation at that address is Jay A. Martus.

Fax Audit Number ( \_\_\_\_\_ )

**ARTICLE VII - INITIAL BOARD OF DIRECTORS**

The Corporation shall have one (1) initial director. The number of directors may be either increased or decreased from time to time as provided in the Corporation's Bylaws, but shall never be less than one (1). The name and address of the initial director of this Corporation is:

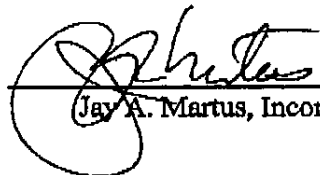
Lowell S. Davis, D.O.  
801 Brickell Key Blvd., # 2803  
Miami, Florida 33131

**ARTICLE VIII - INCORPORATOR**

The name and address of the person signing these Articles of Incorporation is:

Jay A. Martus  
1613 N. Harrison Parkway, Suite 200  
Sunrise, FL 33323

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation this 5<sup>th</sup> day of March, 2014.

  
\_\_\_\_\_  
Jay A. Martus, Incorporator

Fax Audit Number ( \_\_\_\_\_ )

**CERTIFICATE DESIGNATING THE ADDRESS  
AND AN AGENT UPON WHOM PROCESS MAY BE SERVED**

**WITNESSETH:**

That Blue Water Pain Solutions, P.A. (the "Corporation"), desiring to organize under the laws of the State of Florida, has named Jay A. Martus as its agent to accept service of process within this state.

Jay A. Martus  
1613 N. Harrison Parkway, Suite 200  
Sunrise, FL 33323

**ACKNOWLEDGMENT:**

Having been named to accept service of process for the Corporation, at the place designated in this Certificate, Jay A. Martus hereby agrees to act in this capacity, and further agrees to comply with the provisions of all statutes relative to the proper and complete performance of its duties, and accepts the duties and obligations of Section 607.0505, Florida Statutes.

Dated this 5<sup>th</sup> day of March, 2014.

  
\_\_\_\_\_  
Jay A. Martus, Registered Agent

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