

L030600 27851

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

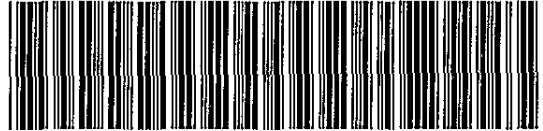
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Robert A. Pierce/Donna Marie Walters  
Ausley & McMullen

Requestor's Name

227 S. Calhoun Street

Address

Tallahassee, FL 32301

425-5457

City/State/Zip

Phone #

Office Use Only

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TALLAHASSEE  
STATE  
FLORIDA  
FN 3 12

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

- |    |  |                     |
|----|--|---------------------|
| 1. | Tallahassee Neurosurgery Pain<br>Management, LLC<br>(Corporation Name) | NEW<br>(Document #) |
| 2. | (Corporation Name)   | (Document #)        |
| 3. | (Corporation Name)   | (Document #)        |
| 4. | (Corporation Name)   | (Document #)        |

- Walk in       Pickup time \_\_\_\_\_       Certified Copy  
 Mail out       Will wait       Photocopy       Certificate of Status

**NEW FILINGS**

- Profit  
 Not for Profit  
 Limited Liability  
 Domestication  
 Other

**AMENDMENTS**

- Amendment  
 Resignation of R.A., Officer/Director  
 Change of Registered Agent  
 Dissolution/Withdrawal  
 Merger

**OTHER FILINGS**

- Annual Report  
 Fictitious Name

**REGISTRATION/QUALIFICATION**

- Foreign  
 Limited Partnership  
 Reinstatement  
 Trademark  
 Other

Examiner's Initials

# AUSLEY & McMULLEN

ATTORNEYS AND COUNSELORS AT LAW

227 SOUTH CALHOUN STREET  
P.O. BOX 391 (ZIP 32302)  
TALLAHASSEE, FLORIDA 32301  
(850) 224-9115 FAX (850) 222-7560  
Writer's Direct Line: (850) 425-5457

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TALLAHASSEE, FLORIDA

July 29, 2003

Secretary of State  
409 East Gaines Street  
Tallahassee, Florida 32301

**VIA HAND DELIVERY**

Re: Tallahassee Neurosurgery Pain Management, LLC

Dear Madam/Sir:

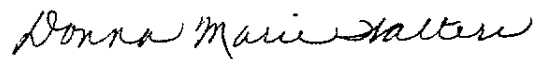
Enclosed are an original and one copy of the Articles of Organization for Tallahassee Neurosurgery Pain Management, LLC, a limited liability company. These Articles include Registered Agent and Registered Office designation for this company.

This firm's check in the amount of \$155.00 is enclosed, comprised of the \$100.00 filing fee, \$25.00 Designation of Registered Agent fee, and \$30.00 certified copy fee.

Please do not hesitate to call me at (850) 425-5457 if you have any questions. We will have our messenger return to pick up the certified copy and the certificate of filing.

Thank you in advance for your usual assistance in these matters.

Sincerely,



Donna Marie Walters  
Legal Assistant

/dmw

Enclosures

RAPITALL NEURO PAIN MGT\SOS ltr TNPM 07.29.03  
017533.30671

**ARTICLES OF ORGANIZATION  
OF  
TALLAHASSEE NEUROSURGERY PAIN MANAGEMENT, LLC**

The undersigned, pursuant to the provisions of Chapter 608, Florida Statutes, provides the following information for the purpose of forming a Limited Liability Company under the laws of the State of Florida.

**ARTICLE 1.  
Name**

The name of the Limited Liability Company is **Tallahassee Neurosurgery Pain Management, LLC.**

**ARTICLE 2.  
Address**

The street and mailing address of the place of business in Florida is:

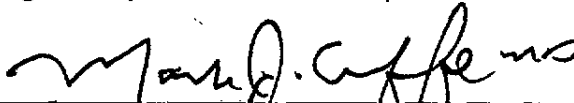
1401 Centerville Road, Suite 300  
Tallahassee, Florida 32308

**ARTICLE 3.  
Registered Agent and Registered Office**

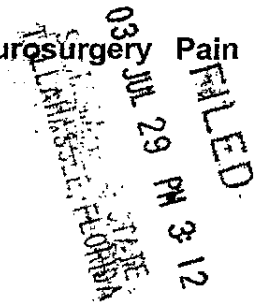
The name and Florida street address of the initial registered agent in Florida for the Limited Liability Company are:

Mark J. Cuffe, M.D.  
1401 Centerville Road, Suite 300  
Tallahassee, Florida 32308

*Having been named as registered agent and as the person to accept service of process for the above-stated limited liability company at the place designated in these Articles, 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, Florida Statutes.*

  
\_\_\_\_\_  
Mark J. Cuffe, M.D., Registered Agent

Tallahassee Neurosurgery Pain Management, LLC  
**ARTICLES OF ORGANIZATION**



**ARTICLE 4.  
Management**

The Limited Liability Company shall be a manager-managed company. The name and address of each Manager are as follows:

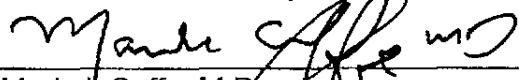
<u>Title</u>	<u>Name and Address</u>
Manager (MGR)	<b>MARK J. CUFFE, M.D.</b> 1401 Centerville Road, Suite 300 Tallahassee, Florida 32308
Manager (MGR)	<b>CHRISTOPHER S. RUMANA, M.D.</b> 1401 Centerville Road, Suite 300 Tallahassee, Florida 32308

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IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 23 day of July, 2003.

IN ACCORDANCE WITH SECTION 608.408(3), FLORIDA STATUTES, THE EXECUTION OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER PENALTIES OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.

**CADUCEUS PROPERTIES, LLC Member**

By:   
Mark J. Cuffe, M.D.

And by:   
Christopher S. Rumana, M.D.