L03000030402

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(Address)

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L03-30402

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pain Institute of Tampa Bay, PLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Allan R. Escher, Jr., DO
(Name of Person)

Pain Institute of Tampa Bay, PLC
(Firm/Company)

29635 Eagle Station Drive
(Address)

Wesley Chapel, FL 33543
(City/State and Zip Code)

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For further information concerning this matter, please call:

Allan R. Escher, Jr., DO at (813) 907-6458
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check in the amount of $ 135.00 for filing fee, registered agent designation and two certificates of stat

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Pain Institute of Tampa Bay, PLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
29635 Eagle Station Dr	29635 Eagle Station Drive
Wesley Chapel, FL 33543	Wesley Chapel, FL 33543

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Allan R. Escher, Jr., DO
Name

29635 Eagle Station Dr.
Florida street address (P.O. Box NOT acceptable)

Wesley Chapel FL 33543
City, State, and Zip

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 as provided for in Chapter 608, F.S..

Registered Agent's Signature

FILED

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	**Name and Address:**
MGRM	Allan R. Escher, Jr., DO 29635 Eagle Station Dr. Wesley Chapel, FL 33543
MGRM	Edgar Ramirez-Pagan, MD 1474 Harbour Walk Rd. Tampa, FL 33602

(Use attachment if necessary) Please see attached Article V for PLC.

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of a member or 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.)

Allan R. Escher, Jr., D.O.
Typed or printed name of signee

Filing Fees:
$100.00 Filing Fee for Articles of Organization
$ 25.00 Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA

PROFESSIONAL LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Pain Institute of Tampa Bay, PLC

ARTICLE II - Address:

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

29635 Eagle Station Dr.
Wesley Chapel, FL 33543

ARTICLE III - Registered Agent

The name and street address of the initial registered agent are:

Allan R. Escher Jr., D.O.
29635 Eagle Station Dr.
Wesley Chapel, FL 33543

ARTICLE IV - Management:

(Check the appropriate box)

☐ The Limited Liability Company is to be a manager-managed company.
☒ The Limited Liability Company is to be managed by the members.

ARTICLE V - Professional Limited Liability Company

This limited liability company shall be a professional limited liability company under Florida statutes chapter 621. The business of the company is limited to the one profession of Pain Medicine and no person or entity shall be admitted as member unless he, she or it is qualified to practice this profession. Further, no interest can be sold except to someone so qualified.

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Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Allan R. Escher, Jr., D.O.

Typed or printed name of signee

Filing Fee: $100.00 for Articles