

L05000013328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP

WAIT

MAIL

(Business Entity Name)

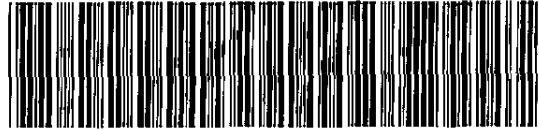
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STATE OF FLORIDA - DEPARTMENT OF REVENUE

RECEIVED

03 FEB - 8 PM 4:15

DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA

03 FEB - 3 AM 10:45

DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA

Joan Anderson

Requestor's Name

215 S. Monroe St. 2nd floor

Address

Tallahassee 32301 277-3533

City/State/Zip

Phone #

Office Use Only

05 FEB - 8  
TALLAHASSEE, FLORIDA

FEB 20

AM 10:45

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

1. Health Ventures Pain Management, LLC  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

Walk in

Pick up time \_\_\_\_\_

Certified Copy

Mail out

Will wait

Photocopy

Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

ARTICLES OF ORGANIZATION  
OF  
HEALTH VENTURES PAIN MANAGEMENT, LLC

FEB 11 2008  
05 FEB - 8 AM 10:45  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes (the "Florida Limited Liability Company Act"), files these Articles of Organization for the purpose of forming a Limited Liability Company under the laws of the State of Florida.

Article I.

Name.

The name of the Limited Liability Company is HEALTH VENTURES PAIN MANAGEMENT, LLC (hereinafter referred to as the "Company").

Article II.

Purpose

The purpose for which the Company is organized is to acquire, manage and hold for investment and development purposes stock, bonds, securities, real estate or any other property and generally to engage in any and all businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

Article III.

Address Of Principal Place Of Business.

The mailing address and the street address of the principal place of business in Florida for the Company is: 1401 Centerville Road, Box 210, Tallahassee, FL 32308. Such address may be changed from time to time as provided in the Operating Agreement.

Article IV.

Registered Agent.

The name and Florida street address of the initial registered agent in Florida for the

Company are: Judy Davis  
1300 Miccosukee Road  
Tallahassee, Florida 32308

Article V.  
Management.

The Company shall be a member-managed company. The name and address of the Managing Member of the Company until the first annual meeting of Members or until its successor(s) are duly elected and qualified are as follows:

<u>Title:</u>	<u>Name and Address:</u>
Managing Member (MGRM)	Tallahassee Memorial Health Ventures, Inc. 1401 Centerville Road, Box 210, Tallahassee, FL 32308

Article VI.  
Members; Admission Of New Members.

The Company shall have at least one (1) Member. New Members may be admitted in the manner provided in the Operating Agreement.

Article VII.  
Continuity Of Business.

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in the Company, the business of the Company shall be continued. If Tallahassee Memorial Health Ventures, Inc remains the sole Member of the Company and its membership terminates for any reason, another affiliated entity of Tallahassee Memorial Health Ventures, Inc shall continue the business. The Company shall not be dissolved without the prior written consent of all of the remaining Members of the Company, if any.

Article VIII.  
Indemnification.

Unless expressly agreed otherwise in writing by all of the Members, the Company shall

indemnify any Managing Member or former Managing Member to the full extent permitted under the Florida Limited Liability Company Act.


Article IX.  
Effective Time and Duration.

These Articles shall be effective when filed with the Florida Department of State. The Company's duration is perpetual, unless dissolved sooner, as provided in the Florida Limited Liability Act or the Company's written Operating Agreement.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 7<sup>th</sup> day of February, 2005.

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.

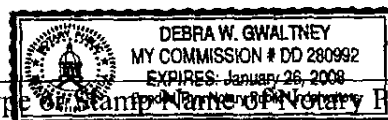
**TALLAHASSEE MEMORIAL HEALTH VENTURES, INC., MEMBER**

  
\_\_\_\_\_  
**WILLIAM A. GIUDICE, Member's  
Authorized Representative**

STATE OF FLORIDA,  
COUNTY OF LEON.

The foregoing instrument was acknowledged before me this 7<sup>th</sup> day of ~~January~~ <sup>February</sup>, 2005, by WILLIAM A. GIUDICE, as an Authorized Representative of TALLAHASSEE MEMORIAL HEALTH VENTURES, INC., a Florida limited liability company, on behalf of the company. He is personally known to me or has ~~produced~~ \_\_\_\_\_ as identification.

  
\_\_\_\_\_  
NOTARY PUBLIC-STATE OF FLORIDA



Print, Type or Stamp Name of Notary Public

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

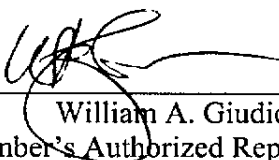
Pursuant to the provisions of Chapter 608, Florida Statutes, the undersigned limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the company is: Health Ventures Pain Management, LLC
2. The name and address of the registered agent and office is:

Judy Davis  
(NAME)

1300 Micosukee Road  
(P.O. BOX NOT ACCEPTABLE)

Tallahassee, Florida 32308  
(CITY/STATE/ZIP)

  
\_\_\_\_\_  
William A. Giudice,  
Member's Authorized Representative

2/7/05  
\_\_\_\_\_  
DATE

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.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

REGISTERED AGENT FILING FEE: \$25.00

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

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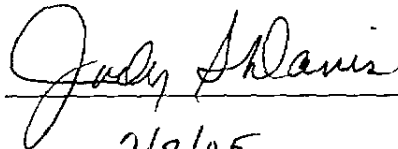
\_\_\_\_\_  
William A. Giudice,  
Member's Authorized Representative

2/7/05

\_\_\_\_\_  
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SIGNATURE: \_\_\_\_\_



DATE: \_\_\_\_\_

2/7/05

REGISTERED AGENT FILING FEE: \$25.00