

**L10000073839**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H10000160372 3)))



H100001603723ABCU

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : SHUMAKER, LOOP & KENDRICK LLP  
Account Number : 075500004387  
Phone : (813) 229-7600  
Fax Number : (813) 229-1660

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2910 JUL 13 AM 9:43

FILED

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

Email Address: \_\_\_\_\_

RECEIVED  
10 JUL 13 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.  
SpinePain Lakeland, P.L.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

**T. CLINE**

JUL 14 2010

**EXAMINER**

H10000160372 3

**Articles Of Organization  
For  
SpinePain Lakeland, P.L.**

**ARTICLE I - Name**

The name of the Professional Limited Liability Company is **SpinePain Lakeland, P.L.**

**ARTICLE II - Address**

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

3165 McMullen Booth Rd. - Bldg. B  
Clearwater, Florida 33761

**ARTICLE III - Professional Services Rendered**

The Professional Limited Liability Company shall render medical services.

**ARTICLE IV - Registered Agent and Registered Address**

The name and the street address of the registered agent is:

A. Edward McGinty, Esq.  
101 E. Kennedy Blvd.  
Suite 2800  
Tampa, Florida 33602

**ARTICLE V - Management**

The Professional Limited Liability Company is to be managed by managers. The name and address of the initial manager is:

Lee Ann Brown, D.O.  
3165 McMullen Booth Rd. - Bldg. B  
Clearwater, Florida 33761

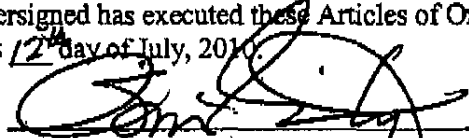
2010 JUL 13 AM 9:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

H10000160372 3

H10000160372 3

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization as an authorized representative of a Member this 12<sup>th</sup> day of July, 2010.

  
A. Edward McGinty, Esq.  
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.)

2010 JUL 13 AM 9:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

H10000160372 3

H10000160372 3

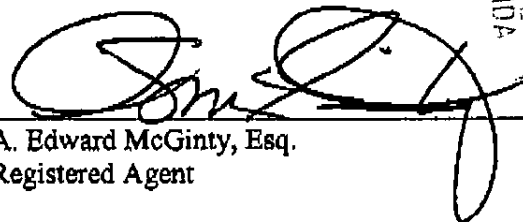
**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED PROFESSIONAL LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the professional limited liability company is SpinePain Lakeland, P.L.
- 2. The name and the Florida street address of the registered agent are:

A. Edward McGinty, Esq.  
 101 E. Kennedy Blvd.  
 Suite 2800  
 Tampa, Florida 33602

*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.*

  
 \_\_\_\_\_  
 A. Edward McGinty, Esq.  
 Registered Agent

2010 JUL 13 9 48  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

FILED

H10000160372 3