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## FOLEY & LARDNER

ATTORNEYS AT LAW

CHICAGO  
DENVER  
JACKSONVILLE  
LOS ANGELES  
MADISON  
MILWAUKEE  
ORLANDO

1999 BROADWAY, SUITE 2560  
DENVER, COLORADO 80202  
TELEPHONE: (303) 294-4400  
FACSIMILE: (303) 297-0266

SACRAMENTO  
SAN DIEGO  
SAN FRANCISCO  
TALLAHASSEE  
TAMPA  
WASHINGTON, D.C.  
WEST PALM BEACH

WRITER'S DIRECT LINE  
(303) 294-4400

EMAIL ADDRESS  
callen@foleylaw.com

CLIENT/MATTER NUMBER  
025119-0100

March 20, 2000

### VIA OVERNIGHT DELIVERY

Florida Secretary of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

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-03/22/00--01093--012  
\*\*\*\*401.25 \*\*\*\*160.00

Re: Corporate Filings

Dear Sir or Madam:

Enclosed for filing are the Articles of Organization for the following entities:

1. Gainesville Pain and Rehabilitation Center, LLC;
2. Lake Mary Pain and Rehabilitation Center, LLC;
3. Cellulite Solutions, LLC; and
4. Orlando Pain and Rehabilitation Center, LLC.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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3/24

Also enclosed are our firm checks totaling \$535.00, which amount covers the filing fees, registered agent fees, and fees for a certified copy of each new entities' Articles of Organization. A pre-addressed, stamped envelope is provided for your convenience in returning the certified copies to our office.

FOLEY & LARDNER

Florida Secretary of State

March 20, 2000.

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If you have any questions or concerns, please do not hesitate to contact our office. Your assistance is appreciated.

Very truly yours,



Cynthia Pierce Allen  
Office Manager/Paralegal

Enclosure(s)

cc: Richard W. Johns, Esq.  
J. Lamar McMichael

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY  
ORLANDO PAIN AND REHABILITATION CENTER, LLC**

**ARTICLE I  
NAME**

The name of the Limited Liability Company is: **ORLANDO PAIN AND REHABILITATION CENTER, LLC**


**ARTICLE II  
ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is: 710 Miami Springs Drive, Longwood, Florida 32779.

**ARTICLE III  
REGISTERED AGENT**

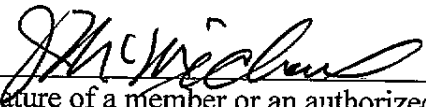
The name and Florida street address of the registered agent are: James McMichael, 710 Miami Springs Drive, Longwood, Florida 32779.

*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.*

  
James McMichael  
Agent and Authorized Signatory

**ARTICLE IV**  
**MANAGEMENT (Check box if applicable.)**

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

  
\_\_\_\_\_  
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.)

James McMichael

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TALLAHASSEE, FLORIDA