

LO1000005872

Florida Department of State  
 Division of Corporations  
 Public Access System  
 Katherine Harris, Secretary of State

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.

((H01000039587 0)))

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)205-0383

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
 Account Number : 072450003255  
 Phone : (305) 634-3694  
 Fax Number : (305) 633-9696

LIMITED LIABILITY COMPANY

TOTAL PAIN CARE OF USA, LLC

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

FILED  
 01 APR 17 AM 9:29  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

RECEIVED  
 01 APR 17 AM 8:01  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**H 01000039587**  
**ARTICLES OF ORGANIZATION****OF****TOTAL PAIN CARE OF USA, LLC**

I, the undersigned, being of legal age and a natural person, do hereby subscribe to, acknowledge and file the following Articles of Organization for the purpose of creating a limited liability company under the laws of the State of Florida.

**ARTICLE I**

The name of this limited liability company shall be: Total Pain Care of USA, LLC.

**ARTICLE II**

The mailing address and street address of the principal office of the limited liability company shall be 440 East Sample Road, Suite 101, Pompano Beach, Florida 33064, with the privilege of having its offices and branch offices at other places within or without the State of Florida.

**ARTICLE III**

The initial registered office of this limited liability company is 440 East Sample Road, Suite 101, Pompano Beach, Florida 33064. The initial registered agent at that address is Adel Kallini, M.D.

**ARTICLE IV**

The limited liability company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 28th day of March, 2001.

By: 

Adel Kallini, M.D., Member

**H 01000039587**

3

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 APR 17 AM 9:29

FILED

**H 01000039587****CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 608.415, Florida Statutes, the undersigned limited liability company submits the following statement in designating the registered office/registered agent, in the State of Florida.

**FIRST --** The name of the limited liability company is Total Pain Care of USA, LLC.

**SECOND --** The name and address of the registered agent and office is:

Adel Kallini, M.D.  
Total Pain Care of USA, LLC  
440 East Sample Road  
Suite 101  
Pompano Beach, Florida 33064

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.

Dated this 28th day of March, 2001.



Adel Kallini, M.D., Registered Agent

FILED  
01 APR 17 AM 9:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**H 01000039587**