

LA0000006728



THE UNITED STATES
CORPORATION
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 123969 7268985

AUTHORIZATION :

Patricia Pigute

COST LIMIT : \$ 125.00

ORDER DATE : April 21, 2001

ORDER TIME : 8:13 AM

ORDER NO. : 123969-001

CUSTOMER NO: 7268985

CUSTOMER: Mr. Jeff S. Senter
Mr. Jeff S. Senter

400004102374--4

318 Indian Trace # 610

Weston, FL 33326

DOMESTIC FILING

NAME: FLORIDA PAIN & REHAB CENTER,
LLC

EFFECTIVE DATE:

ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward - EXT. 1135

EXAMINER'S INITIALS:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAY - 1 AM 11:46

APPROVED
AND
FILED

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
MAY - 1 AM 11:46
NOT RECORDED
TO ACKNOWLEDGE
TO AGENCY OF FILING
OFFICE

VB
5-1-01

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FLORIDA PAIN & REHAB CENTER, LLC

ARTICLE II - Address:

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

1633 North Hiatus Road, Pembroke Pines, Florida 33026

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

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

Sandra Senter		
Name		
1076 Creekford Drive		
Florida street address (P.O. Box <u>NOT</u> acceptable)		
Weston	FL	33326
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..

Sandra Senter

By: SEE ATTACHED

Registered Agent's Signature

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.

(An additional article must be added if an effective date is requested)


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

Lynette Coleman
as its agent

(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.)

Lynette R. Coleman

Typed or printed name of signer

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)

01 MAY - 1 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILE No. 688 04/30 '01 12:38 ID: CSC

FAX: 8505211010

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ACCEPTANCE OF REGISTERED AGENT
DESIGNATED IN THE ARTICLES OF INCORPORATION

SANDRA SENTER, an individual residing in this state, having a business office identical with the registered office of the corporation named below, and having been designated as the Registered Agent in the above and foregoing Articles of Incorporation of:

FLORIDA PAIN & REHAB CENTER, LLC

SANDRA SENTER is familiar with and accepts the obligations of the position of Registered Agent under Section 608, Florida Statutes.

By: Sandra Senter

Typed Name: SANDRA SENTER

dew

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MEMBERS OF FLORIDA PAIN & REHAB CENTER, LLC

Jeffrey Scott Senter
Member

857 Sand Creek Circle
Weston, Florida 33327

Robert Schwartz
Member

1633 North Hiatus Road
Pembroke Pines, Florida 33026

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED