

LO1000007592

Corporate Services, Inc.

Requester's Name

537 East Park Avenue

Address

Tallahassee, FL 32301 222-3018

City/State/Zip

Phone #

Office Use Only

APPROVED
AND
FILED

01 MAY 14 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2001 MAY 14 PM 3:53

TO ACHIEVE
SUFFICIENCY OF FILING

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

1. Ze Brank Pain Clinic, PC

(Corporation Name)

(Document #)

2. _____

(Corporation Name)

(Document #)

3. effective date 5-9-01

(Corporation Name)

(Document #)

4. _____

(Corporation Name)

(Document #)

☐ Walk in

☒ Pick up time

10:00 A

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☒ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☒ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

400004216034--7
-05/15/01--01002--016
*****87.50 *****87.50

400004216034--7
-05/15/01--01002--017
*****42.50 *****42.50

Examiner's Initials

5-15-01

ARTICLES OF ORGANIZATION
FOR
ZeBRANEK PAIN CLINIC, P.L.C.,
A FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY

The undersigned individual, licensed as a Doctor of Osteopathy in the State of Florida, acting as member for purposes of forming a professional limited liability company for profit under Chapter 621 and Chapter 608 of the Florida Statutes, does hereby adopt the following Articles of Organization.

ARTICLE I - NAME

The name of the professional limited liability company is **ZeBRANEK PAIN CLINIC, P.L.C.**

ARTICLE II - PURPOSE

The general nature and purpose of the business to be transacted and carried on by the limited liability company is to engage in the practice of medical services and pain management and to carry on services incident thereto. The professional services of this limited liability company shall be carried out only through members, each of whom is a medical doctor or doctor of osteopathy licensed in the State of Florida.

ARTICLE II - ADDRESS

The mailing address of the principal office of the professional limited liability company is 401 W. Colonial Drive, Suite 4, Orlando, FL 32804 and the street address is 401 W. Colonial Drive, Suite 4, Orlando, FL 32804.

ARTICLE III - DURATION

The period of duration for the professional limited liability company is perpetual.

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ARTICLE IV - MANAGEMENT

The professional limited liability company is a single-member P.L.C. and is to be managed by its initial member. The name and address of the member is:

JAMES D. ZeBRANEK, D.O.
401 W. Colonial Drive, Suite 4
Orlando, FL 38204

ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS

Additional members may be admitted with the unanimous consent of all Members.


ARTICLE VI - MEMBERS RIGHT TO CONTINUE BUSINESS

Remaining members of the professional limited liability company shall continue the business on 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 professional limited liability company.

ARTICLE VII - EFFECTIVE DATE

These Articles of Organization shall be effective on May 9, 2001.

In accordance with Sections 621.05 and 608.407, Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.


JONATHAN B. ALPER
Authorized Representative

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TALLAHASSEE, FLORIDA

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

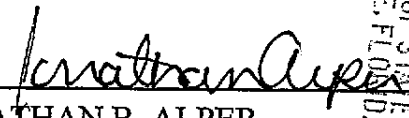
PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED PROFESSIONAL LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the professional limited liability company is **ZeBRANEK PAIN CLINIC, P.L.C.**

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

JONATHAN B. ALPER
274 Kipling Court
Heathrow, FL 32746

Having been named as registered agent and to accept service of process for the above stated professional limited liability company at the place designated on 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.



JONATHAN B. ALPER

91 MAY 14 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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