

W010000010016

Gary W. Jay  
125 Waymont Ct  
Lake Mary, FL 32746

City/State/Zip

Phone #

MJH

Office Use Only

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

1. \_\_\_\_\_  
(Corporation Name) (Document #) 800004426158--6  
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- ☐ Walk in ☐ Pick up time ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

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

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

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

**REGISTRATION/QUALIFICATION**

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

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01 JUN 18 PM 1:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
Pain Management and Rehabilitation Institutes, LLC**

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a limited liability company under the laws of the State of Florida, hereby adopt the following Articles of Organization.

I. Name

The name of the limited liability company is Pain Management and Rehabilitation Institutes, LLC (the "Company").

II. Address

The mailing address and the street address of the principal office of the Company is: 126 Bentree Circle, Lake Mary, Fl 32746

III. Registered Agent and Address

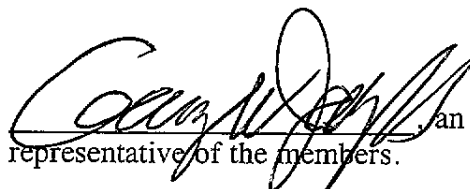
The name and street address of the Registered Agent for the Company are:

Gary W. Jay, MD  
126 Bentree Circle  
Lake Mary, Fl 32746

IV. Management

The Company shall be managed by managers and is, therefore, a manager-managed company.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on this 5th day of June, 2001.

  
an authorized  
representative of the members.

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## STATEMENT OF ACCEPTANCE OF REGISTERED AGENT

The undersigned, being the person named in the Articles of Organization of Pain Management and Rehabilitation Institutes, LLC, as the Registered Agent of this limited liability company, hereby consents to and accepts the appointment as Registered Agent of the Company and agrees to act in such capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of the undersigned's duties as Registered Agent. The undersigned states that it is familiar with and accepts the obligations of its position as Registered Agent of the Company, as provided for in Chapter 608, Florida Statutes.

Dated this 5<sup>th</sup> day of June, 2001.

**Pain Management and Rehabilitation  
Institutes, a Florida corporation**

By: 

Gary W. Jay, M.D.

Agent and Authorized Signator