

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

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Fax Number : (850)205-0383

From:

Account Name : LOZIER, THAMES & FRAZIER, P.A.
Account Number : I20000000033
Phone : (850)469-0202
Fax Number : (850)469-0006

LIMITED LIABILITY COMPANY

Destin Pain Medicine and Rehabilitation, L.L.C.

Certificate of Status	1
Certified Copy	0
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RECEIVED
02 OCT 21 AM 7:44
DIVISION OF CORPORATIONS
02 OCT 18 AM 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDAAPPROVED
AND
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10-24-02

**ARTICLES OF ORGANIZATION
OF**

Destin Pain Medicine and Rehabilitation, L.L.C.

The undersigned, being authorized to execute and file these Articles on behalf of the members for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, does hereby certify and adopt these Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be "DESTIN PAIN MEDICINE AND REHABILITATION, L.L.C." ("Company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Company shall be 510 Corday Street, Pensacola, FL, 32503.

ARTICLE III - DURATION

The Company shall commence on the date of filing these Articles of Organization with the Florida Department of State and the Company's existence shall be perpetual.

ARTICLE IV - REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the Company in the State of Florida is Daniel R. Lozier, 24 West Chase Street, Pensacola, Florida 32501.

ARTICLE V - CAPITAL CONTRIBUTIONS

The cash and/or property contributed to the Company by its members and the members' obligations to make additional contributions to the Company shall be as prescribed in the Operating Agreement of the Company as adopted by the members.

ARTICLE VI - ADMISSION OF ADDITIONAL MEMBERS

Additional members may not be admitted except as prescribed in the Operating Agreement of the Company as adopted by the members. Members' interests in the Company may not be transferred except as prescribed in the Operating Agreement of the Company as adopted by the members.

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ARTICLE VII - MEMBERS' RIGHTS TO CONTINUE BUSINESS

Upon the death, retirement, resignation, expulsion, bankruptcy, withdrawal, or dissolution of a member, or upon the occurrence of any other event which terminates the continued membership of a member in the Company, the remaining members of the Company shall have the right to continue the business of the Company as prescribed in the Operating Agreement of the Company as adopted and agreed upon by the members.

ARTICLE VIII - MANAGEMENT

The Company shall be managed by the members in accordance with the Operating Agreement of the Company as adopted by the members and the name and address of the initial managing member is as set forth in Article IX below.

ARTICLE IX - MANAGING MEMBERS

The name and address of the initial managing member of the Company is:

NAME**ADDRESS**

Ruben B. Timmons, M.D. 510 Corday Street
Pensacola, Florida 32503

ARTICLE X - AMENDMENT

These Articles of Organization and the Regulations and Operating Agreement of the Company may be amended from time to time as prescribed by law.

IN WITNESS WHEREOF, the undersigned hereby acknowledges and executes these Articles of Organization on behalf of and as an authorized representative of the members and of the Company.


DANIEL R. LOZIER, Organizer

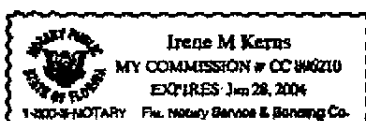
STATE OF FLORIDA
COUNTY OF ESCAMBIA

Sworn to and subscribed before me this 18th day of October, 2002, by Daniel R. Lozier who (☒) is personally known to me or who () has produced _____, as identification and who did not take an oath.

Theresa M. Tolson
NOTARY PUBLIC

Commission No. CC 896210

My Commission Expires: 1-28-04



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**ACCEPTANCE OF DESIGNATION AS
RESIDENT AGENT**

I, DANIEL R. LOZIER, the designated resident agent of DESTIN PAIN MEDICINE AND REHABILITATION, L.L.C., do hereby certify that my address is 24 West Chase Street, Pensacola, Florida 32501, do hereby accept the designation and appointment as resident agent of DESTIN PAIN MEDICINE AND REHABILITATION, L.L.C., a Florida Limited Liability Company, and am familiar with and accept the duties and obligations of registered agent.

Dated this ____ day of October, 2002.



DANIEL R. LOZIER

**STATE OF FLORIDA
COUNTY OF ESCAMBIA**

The foregoing instrument was acknowledged before me this ____ day of October, 2002, by DANIEL R. LOZIER, who is personally known to me or who has produced a driver's license as identification and has taken an oath.

NOTARY PUBLIC

Commission No. _____

My Commission Expires: _____

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