

L03000009800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

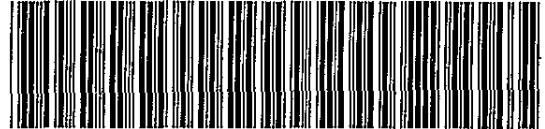
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2003 MAR 18 AM 10:23
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN MAR 19 2003



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

March 11, 2003

PRISCILLA ELLIOTT ROSENBERG
311 SIXTH AVENUE
INDIALANTIC, FL 32903

SUBJECT: BACK & NECK CARE CENTER, L.L.C.
Ref. Number: W03000006912

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for BACK & NECK CARE CENTER, L.L.C., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 803A00015250



ROSENBERG & ROSENBERG

Attorneys At Law, L.L.C.

Alan M. Rosenberg *amr@cfl.rr.com*
Priscilla Elliott Rosenberg *perfla@cfl.rr.com*

March 13, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Limited Liability Company Filing
Articles of Organization for
Back & Neck Care Center, L.L.C.
Your File No. W05000006912

FILED
2003 MAR 18 AM 10:23
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Dear Sir or Madam:

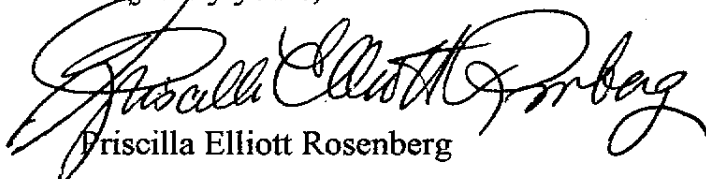
This is a follow-up to a telephone conversation I just had with someone in your office.

Attached please find the Articles of Organization for Back & Neck Care Center, L.L.C., together with my firm's check for \$125.00 (\$100.00 for filing the Articles of Organization and \$25.00 for Designation of Registered Agent). This check was inadvertently omitted when I first filed these papers on March 5.

Please process these documents and send me confirmation that the company is properly registered with the State of Florida.

Thank you in advance for your assistance. Please feel free to call me at (321) 728-8700 should you have any questions or should you need further details.

Very truly yours,



Priscilla Elliott Rosenberg

Enclosures



ROSENBERG & ROSENBERG

Attorneys At Law, L.L.C.

Alan M. Rosenberg amr@cfl.rr.com
Priscilla Elliott Rosenberg perfla@cfl.rr.com

March 5, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Limited Liability Company Filing
Articles of Organization for
Back & Neck Care Center, L.L.C.

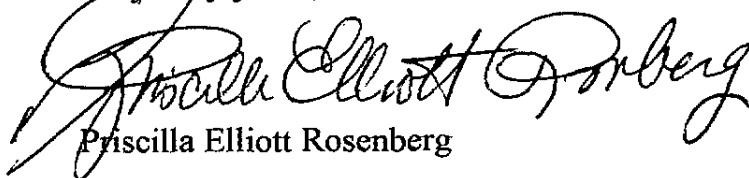
Dear Sir or Madam:

Attached please find the above document for Back & Neck Care Center, L.L.C., together with my firm's check for \$125.00 (\$100.00 for filing the Articles of Organization and \$25.00 for Designation of Registered Agent).

Please process these documents and send me confirmation that the company is properly registered with the State of Florida.

Thank you in advance for your assistance. Please feel free to call me at (321) 728-8700 should you have any questions or should you need further details.

Very truly yours,



Priscilla Elliott Rosenberg

Enclosure

cc: R. Miglis, Back & Neck Care Center, L.L.C.

W03-6912
J. BRYAN MAR 11 2003

**ARTICLES OF ORGANIZATION
FOR
BACK & NECK CARE CENTER, L.L.C.**

ARTICLE I - Name: The name of the Limited Liability Company is: **Back & Neck Care Center, L.L.C.**

ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: **3044 West New Haven Avenue, Melbourne, FL 32904.**

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

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

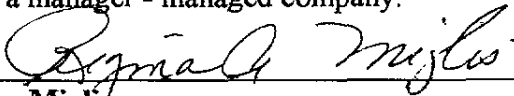
**Regina Anne Miglis
3044 West New Haven Avenue
Melbourne, FL 32904**

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..


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.


Regina Anne Miglis

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

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)

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