L03000	ND 29980			
(Requestor's Name) (Address) (Address)	80002234128			
(City/State/Zip/Phone #)	FILED 03 AUG 13 PH 12:50 SECRETATE FLOREA NALLAHASSEE, FLOREA			
Office Use Only	RECEIVED 03 AUG 13 AM IO: 48 DEC. STATE DIVISION CONSTRATE OFFICIENTIONS			

· ---

----

	1201 Hays Street Tallahassee, FL 32301 850-521-1000 850-521-1010(fax.)	13 AUG 13	IN ED
Account Number: 07210		PAND	-
Client Account Number:	RUMBEY DUCIN	State St	>
150	5.00		
Authorization::	Patricia Pijut Y DUIS		
Contact: HARR	y Duis		
		und have(a)	
Согро	ration Name(s) & Document n	umber(s)	
N K 155	ration Name(s) & Document m MMEE PAIN MAN.	46EMENTT	
1) <u>K155</u> RE	IMMEE PAIN MAN. ELGABILITUTION, LCC	HGEMENT +	
1) <u>K155</u> RE	IMMEE PAIN MAN. ElbABILITUTION, LCC	AGEMENT (	
1) <u>K155</u> RE	IMMEE PAIN MAN. ElbABILITUTION, LCC	HEEMENT F	
1) <u>K155</u> RE	IMMEE PAIN MAN. ElbABILITUTION, LCC	HEEMENT +	
1) <u>K155</u> RE 2)	IMMEE PAIN MAN. ELGABILITUTION, LLC	46 <u>EME</u> v+{	
1) <u>k155</u> RE 2) 3)	IMMEE PAIN MAN. ENABILITATION, LCC	46 <u>EME</u> v++	
1) <u>k155</u> R E 2) 3) 4) Stamped Copy	Certified Copy	<u>HIDER(S)</u> <u>HEEMEN</u> <u>-</u>	
1) <u>k155</u> R E 2) 3) 4) Stamped Copy	IMMEE PAIN MAN. ENABILITATION, LCC	46EMENT	
1) <u>k 155</u> R E 2) 3) 4) Stamped Copy <b>Type of Filings:</b>	IMMEE PAIN MAN. ENABILITATION, LCC	<u>Oualification</u>	
1) <u>k155</u> RE 2) 3)	IMMEE PAIN MAN. ENABILITUTION, LCC	46EMENT	
1) <u>k155</u> R E 2) 3) 4) Stamped Copy <b>Type of Filings:</b> <u>New Filings</u>	IMMEE PAIN MAN. ElbABILITUTION, LLCC Certified Copy Amendment	<u>Qualification</u>	
1) <u>k 155</u> R E 2) 3) 4) Stamped Copy <b>Type of Filings:</b> <u>New Filings</u> Profit	IMMEE PAIN MAN. E BABILITUTION, LLCC Certified Copy <u>Amendment</u> Amendment	<u>AGEMENT</u> <u>Qualification</u> Profit	

# ARTICLES OF ORGANIZATION OF KISSIMMEE PAIN MANAGEMENT & REHABILITATION, LLC

#### ARTICLE I NAME

The name of the limited liability company (hereinafter "Company") is KISSIMMEE PAIN MANAGEMENT & REHABILITATION, LLC.

#### ARTICLE II ADDRESS

The mailing and street address of the Company's principal office is 4630 Kirkman Road, #274, Orlando, Florida 34811.

#### ARTICLE III DURATION

The period of duration for the Company is perpetual, beginning on the date these Articles of Organization are filed with the Florida Department of State.

#### ARTICLE IV REGISTERED AGENT AND OFFICE

The name of the Company's initial registered agent in Florida is Ramsey W. Dulin, and the address of the Company's registered office in Florida is 201 E. Pine Street, Suite 425, Orlando Florida 32801.

## ARTICLE V

#### MANAGEMENT

The Company is to be managed by one or more managing members and is, therefore, a member-managed company.

**IN WITNESS WHEREOF,** the undersigned member has executed these Articles of Organization this 12<sup>th</sup> day of August, 2003.

John J. Gotsuch, Member (Ma 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)

### ACCEPTANCE OF REGISTERED AGENT

I, Ramsey W. Dulin, having been named as Registered Agent and to accept service of process for the above stated limited liability company, KISSIMMEE PAIN MANAGEMENT & REHABILITATION, LLC, I 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, Florida Statutes.

Dated this 12<sup>th</sup> day of August, 2003.

5

Ramsey W. Dulin