

L03000056487

03 DEC 17 AM 9:39

STATE OF FLORIDA



700025487937

12/17/03--01043--021 \*\*160.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

# FRIEDMAN & FROST, P.L.

ATTORNEYS AT LAW

A PROFESSIONAL LIMITED LIABILITY COMPANY INCLUDING PROFESSIONAL ASSOCIATIONS

1111 BRICKELL AVENUE

SUITE 2050

MIAMI, FLORIDA 33131

IRWIN M. FROST, P.A.  
IRWIN M. FROST, ESQ.  
BOARD CERTIFIED TAX ATTORNEY

December 16, 2003

FILED  
03 DEC 17 AM 9:38

WRITER'S DIRECT DIAL:  
TELEPHONE (305) 374-3001  
FACSIMILE (305) 374-3075  
E-MAIL: frostlaw@aol.com

**Via: Federal Express**

Secretary of State  
Corporate Records Bureau  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**Re: Articles of Organization for Premier Pain Care, P.L.**

Gentlemen:

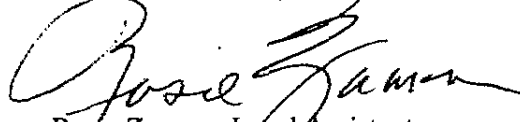
Enclosed please find the Articles of Organization for Florida Limited Liability Company for filing, along with our check in the amount of \$160.00 for the following costs:

Filing Fees	\$ 125.00
Certified Copy of the Articles	30.00
Certificate of Status	5.00

Please return a certified copy of the Articles and a Certificate of Status in the enclosed self addressed stamped envelope.

Very truly yours,

IRWIN M. FROST, P.A.

  
Rosie Zamora, Legal Assistant

/rz

Encls.

1coc609a.19a

**ARTICLES OF ORGANIZATION FOR  
PREMIER PAIN CARE, P.L.**

FILED  
03 DEC 17 PM 9:38  
CLERK OF DISTRICT COURT  
MIAMI, FLORIDA

**Article I  
Name**

The name of the Professional Limited Liability Company is:

PREMIER PAIN CARE, P.L.

**Article II  
Address**

The mailing address and street address of the principal office of the Professional Limited Liability Company is 4900 S.W. 91<sup>st</sup> Avenue, Miami, Florida 33161.

**Article III  
Registered Agent**

The registered agent shall be Irwin M. Frost, P.A., Irwin M. Frost, Esq., 1111 Brickell Avenue, Suite 2050, Miami, FL 33131.

**Article IV  
Duration**

The period of duration for the Professional Limited Liability Company shall be perpetual.

**Article V  
Management**

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the member(s) is/are:

Emilio Suarez, D.O., P.A.  
4900 S.W. 91<sup>st</sup> Avenue  
Miami, FL 33161

**Article VI  
Admission of Additional Members**

The members may admit additional members with the approval of all of the members, on such terms and conditions as may be approved by the members, and the additional member to be admitted.

**Article VII**  
**Members Rights to Continue Business**

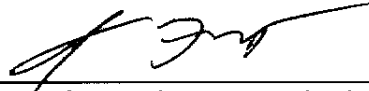
FILED

03 DEC 17 AM 9:33

The remaining members have the right to continue the business of PREMIER PAIN CARE, P.L. upon the death, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in PREMIER PAIN CARE, P.L.

**Article VIII**

Membership interests in the Professional Limited Liability Company shall only be issued to physicians in good standing or professional associations owned only by physicians in good standing and duly licensed within the State of Florida to render medical services. The nature of the business is rendering medical services.



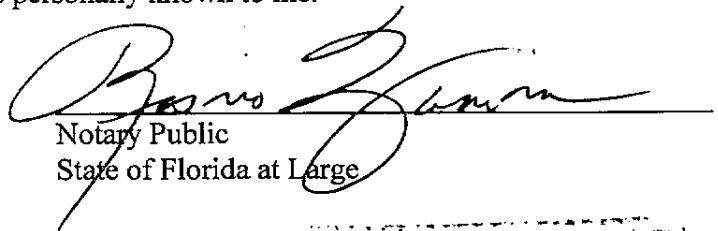
\_\_\_\_\_  
Signature of a member or an authorized representative  
of a member

(In accordance with Section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true).

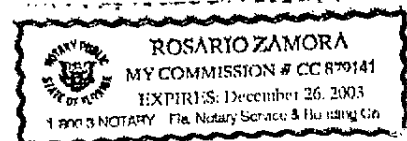
Irwin M. Frost, Authorized Representative  
\_\_\_\_\_  
Typed or Printed Name of Signee

STATE OF FLORIDA            )  
  )  
COUNTY OF MIAMI-DADE    )

SWORN AND SUBSCRIBED BEFORE ME, this 16 day of December, 2003 by Irwin M. Frost, Authorized Representative, who is personally known to me.



\_\_\_\_\_  
Notary Public  
State of Florida at Large



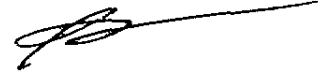
**ACCEPTANCE**

Having been named as Registered Agent for the above named corporation, I hereby agree to act in such capacity for such corporation as its registered office.

FILED

DEC 23 2003 AM 9:38

NOTARY PUBLIC STATE  
OF FLORIDA



IRWIN M. FROST

**BEFORE ME**, the undersigned authority, personally appeared **IRWIN M. FROST**, to me known to be the Registered Agent of **PREMIER PAIN CARE, P. L.**, and acknowledged that he freely and voluntarily executed the said Articles of Organization for the purposes therein expressed.

**SWORN AND SUBSCRIBED** before me this 16 day of December, 2003.



Notary Public, State of Florida  
at Large  
My Commission Expires:

1ccc609a.18a

