

L040000004101

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H04000009947 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 222-9428

LIMITED LIABILITY COMPANY

Spinal Disorder and Pain Treatment Institute, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing

Public Access Help

RECEIVED
04 JAN 15 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
04 JAN 15 PM 11:28
DIVISION OF CORPORATION

YB
1504

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Spinal Disorder and Pain Treatment Institute, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

One Park Plaza

Nashville, TN 37203

Mailing Address:

One Park Plaza

Nashville, TN 37203

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

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

C T Corporation System

Name

1200 South Pine Island Road


Florida street address (P.O. Box NOT acceptable)

Plantation

FLORIDA 33324

City, State, and Zip

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, Florida Statutes..


Registered Agent's Signature

MARY R. ADAMS
ASSISTANT SECRETARY
C T Corporation System

FILED
04 JAN 15 PM 1:57
SECRETARY OF STATE
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 01-15-04 BY 60322

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

John M. Franck II

One Park Plaza

Nashville, TN 37203

MGR

A. Bruce Moore, Jr.

One Park Plaza

Nashville, TN 37203

MGR

R. Milton Johnson

One Park Plaza

Nashville, TN 37203

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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.)

Dora A. Blackwood, Vice President and Assistant Secretary

Typed or printed name of signer

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)

04 JUL 15 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
AND
FILED