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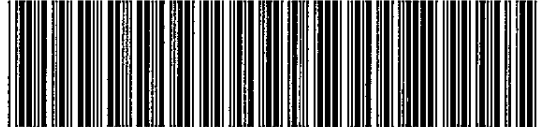
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BK



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 465874 3487A

AUTHORIZATION :

Patricia Figueira

COST LIMIT : \$ 155.00

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : March 1, 2004

ORDER TIME : 10:13 AM

ORDER NO. : 465874-010

CUSTOMER NO: 3487A

CUSTOMER: Ms. Sandra K. Dunbar
Icard Merrill Cullis Timm
Furen & Ginsburg, Pa
Suite 600
2033 Main Street
Sarasota, FL 34237

DOMESTIC FILING

NAME: ATLANTIS PAIN CARE, L.L.C.

*** FILE SECOND ***

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Troy Todd - EXT. 2940

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION
OF
ATLANTIS PAIN CARE, LLC

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The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby makes, acknowledges, and files the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be Atlantis Pain Care, LLC ("Company").

ARTICLE II - PURPOSE AND POWER

The purpose for which the Company is organized is to own and operate a medical clinic and to otherwise conduct any lawful business to promote any lawful purpose, and to engage in any lawful act or activity, for which limited liability companies may be organized under the Florida Limited Liability Company Act, including, but not limited to, the purchase, development, sale, service, lease and management of personal and real properties of all kinds and descriptions.

The Company shall have the powers provided for a limited liability company under the Florida Limited Liability Company Act, and by applicable law. All such powers shall be exercised by or under the authority of, and the business and affairs of this Company shall be managed under the direction of the managers of the Company.

ARTICLE III - MAILING ADDRESS AND PRINCIPAL OFFICE

The mailing address and street address of the principal office of the Company shall be 2194 Highway A1A, Suite 104, Indian Harbour Beach, Florida 32937.

ARTICLE IV - INITIAL REGISTERED AGENT AND REGISTERED OFFICE

The initial street address of the Corporation's registered office is Icard, Merrill, Cullis, Timm, Furen & Ginsburg, P.A., 2033 Main Street, Suite 600, Sarasota, FL 34237. The initial registered agent for the Corporation at that address is Katherine L. Smith, Esq.

ARTICLE V - OPERATING AGREEMENT

The Operating Agreement entered into by the members of the Company, and any amendments or restatements thereof, shall be in writing. No oral agreement among any

of the members or managers of the Company shall be deemed or construed to constitute any portion of, or otherwise affect the interpretation of, the Operating Agreement of the Company, as amended and in existence from time to time.

ARTICLE V - EFFECTIVE DATE

The filing of these Articles of Organization shall be effective upon filing with the Secretary of State of the State of Florida.

IN WITNESS WHEREOF, the undersigned member (or authorized representative) has executed these Articles of Organization at Sarasota, Florida, as of February 26th, 2004.

A handwritten signature in cursive script, reading "Katherine L. Smith", is written over a horizontal line.

Katherine L. Smith

Member or Authorized Representative

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE LIMITED LIABILITY COMPANY DESCRIBED BELOW SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Atlantis Pain Care, LLC.
2. The name and address of the registered agent and office is:

Katherine L. Smith, Esq.

Icard, Merrill, Cullis, Timm, Furen & Ginsburg, P.A.

2033 Main Street, Suite 600

Sarasota, FL 34237

Having been named 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 such capacity. I further agree that I am familiar with and accept the obligations as registered agent of the above-stated company as provided in Chapter 608 of the Florida Statutes.


(Signature)

February 26, 2004

(Date)