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Florida Department of State

Division of Corporations

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M. HODGES

To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

Phone : (305) 634-3694

Fax Number : (305) 633-9696

RECEIVED

05 JUL -8 PM 4:13

DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

pain care of ocala llc

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

05 JUL -8 PM 3:00

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(3)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

PRIN CARE OF OCALA LLC

### ARTICLE II - Address:

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

#### Principal Office Address:

20394 SW AUDUBON AVE  
DUNNELLON, FL 34431

#### Mailing Address:

20394 SW AUDUBON AVE  
DUNNELLON, FL 34431

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

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

RICHARD STANTON  
Name

150 NW 183rd STREET SUITE 200  
Florida street address (P.O. Box NOT acceptable)

MIAMI FL 33169  
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, F.S.

[Signature]  
Registered Agent's Signature

(CONTINUED)

Page 1 of 2

HD5000166083

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**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

MARIA CORCORAN  
20394 SW AUDUBON AVE.  
DUNNELLON, FL 34431

MGRM

RICHARD ZARONE  
4214 HARTFORD LAKE BLVD  
TAMPA, FL 33619

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Maria Corcoran  
 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.)

MARIA CORCORAN  
 Typed or printed name of signer

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 38.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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