

LU6000030721

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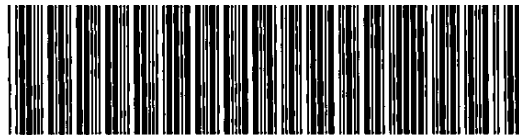
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06 JUL 17 PM 2:05

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2006 JUL 17 PM 4:08

OFFICE OF THE STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 18, 2006

UCC FILING & SEARCH

TALLAHASSEE, FL

SUBJECT: PAIN DIAGNOSTIC & MANAGEMENT CENTER, LLC
Ref. Number: L06000030721

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RECEIVED
06 JUL 19 PM 3:11
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for PAIN DIAGNOSTIC & MANAGEMENT CENTER, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$25.00 payment.

The document identifies the name of the entity as "PAIN MANAGEMENT AND DIAGNOSTIC CENTER, LLC". Our records show that the entity we think you are referring to is "PAIN DIAGNOSTIC AND MANAGEMENT CENTER, LLC".

You may, of course, change the name in Article 1 of your document, but the present name should be listed in the title and in the preamble information.

Perhaps, it is not actually your intention to change the name.

ALSO, please note that the articles cannot have an effective date prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Document Specialist

Letter Number: 506A00045847



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(850) 681-6528 P

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July 17, 2006

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Pain Management and Diagnostic Center, LLC

Filing Evidence

- ☒ Plain/Confirmation Copy
- ☐ Certified Copy

Retrieval Request

- ☐ Photocopy
- ☐ Certified Copy

Type of Document

- ☐ Certificate of Status
- ☐ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to Include Articles & Amendments
- ☐ Fictitious Name Certificate
- ☐ Other

FILED
2006 JUL 17 PM 4:08
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

**Amended and Restated Articles of Organization
of
Pain Diagnostic and Management Center, LLC,
a Florida Limited Liability Company**

(Filed in accordance with 608.411, F.S.)

FILED
2006 JUL 17 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THIS IS TO CERTIFY THAT:

- FIRST:** This Amended and Restated Articles of Organization amends and restates the Articles of Organization of **Pain Diagnostic and Management Center, LLC, a Florida Limited Liability Company.**
- SECOND:** The date of filing of the Articles of Organization was March 23, 2006.
- THIRD:** The Articles of Organization of **Pain Diagnostic and Management Center, LLC** are hereby amended and restated as follows:

Article I

The name of the Florida Limited Liability Company is **Pain Diagnostic and Management Center, LLC.**

Article II

The mailing address and street address of the principal office of the Limited Liability Company is **537 E. Central Ave., Suite B, Winter Haven, FL 33880.**

Article III

The purpose for which this Limited Liability Company is organized is any and all lawful business. Notwithstanding, to the extent the business of the LLC is to provide medical services of any kind or nature, only physicians licensed by the State of Florida will engage in the diagnosis and treatment of disease, injury, or other physical or mental condition and that the entity shall neither exercise control over, nor interfere with, the physician-patient relationship.

Article IV

The name of the registered agent is **Allan C. Honculada** and whose Florida street address is **537 E. Central Ave., Suite B, Winter Haven, FL 33880.**

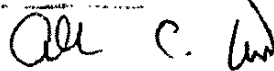
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the

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 Signature

Article V



Allan C. Honculada, Manager