

Florida Department of State

Division of Corporations

Public Access System

Electronic Filing Cover Sheet

LD6000064299

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.

(((1106000165453 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 : FILLINGS, INC.
Account Number : 072720000101
Phone : (850) 385-6735
Fax Number : (954) 641-4192

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 JUN 23 AM 11:07

RECEIVED

06 JUN 23 PM 3:45

DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LIMITED LIABILITY CO.**MEDICAL PAIN MANAGEMENT OF LAKE WORTH, L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

11060001654533

ARTICLES OF ORGANIZATION
OF
MEDICAL PAIN MANAGEMENT OF LAKE WORTH, L.L.C.

ARTICLE I-Name:

The name of the Limited Liability Company is:

Medical Pain Management of Lake Worth, L.L.C.

ARTICLE II-Address:

The mailing address, including the street number, of the principal office of the Limited Liability Company is:

7000 Island Blvd, #1609, Aventura, FL 33160

ARTICLE III-Duration:

The period of duration for the Limited Liability Company shall be:

Perpetual.

ARTICLE IV-Purpose:

This Limited Liability Company is organized for the purpose of:

- (a) To own and/or operate health care facilities, particularly in the area of pain management;
- (b) To license, market, purchase, sell, exchange, lease, assign, transfer, encumber or otherwise deal in or with real property, personal property, equipment, supplies and other items in relation to the purposes stated herein, including to borrow for the acquisition of and/or to pledge and/or encumber such property;
- (c) To do any and all things permitted by law incident to the foregoing, including but not by limitation, the borrowing of funds, pledging of Limited Liability Company assets, and dealing with tangible and intangible property of all kinds; and

11060001654533

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 JUN 23 AM 11:07

H060001654533

(d) In general, to carry on any other business in connection with the foregoing, or otherwise, and to transact any or all lawful businesses, and to have and exercise all the powers conferred by the laws of Florida on limited liability companies formed under The Florida Limited Liability Company Act.

ARTICLE V-Management:

The Limited Liability Company is to managed by the Board of Managers, as more specifically set forth in the Operating Agreement, and the names and addresses of the Managers are:

Medical Pain Management, LLC, 7000 Island Blvd, #1609, Aventura, FL 33160

JaceCo, Inc., 7000 Island Blvd, #1609, Aventura, FL 33160

ARTICLE VI-Withdrawal or Disqualification of Member:

Upon an event of withdrawal or disqualification of a member, the remaining members shall have the right, subject to the provisions set forth in the Operating Agreement, to continue the business and affairs of the Limited Liability Company.

ARTICLE VII-Admission of Additional Members:

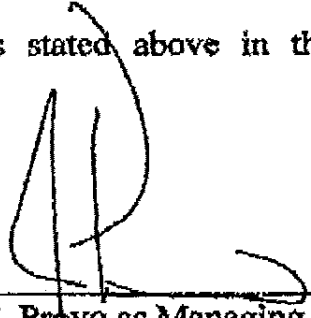
The members may admit additional members upon the affirmative vote of at least one hundred percent (100%) of the members.

ARTICLE VIII-Tax Purposes:

For tax purposes, the Limited Liability Company will be operating as a partnership.

IN AFFIRMATION THEREOF, the facts stated above in these Articles of Organization are true.

DATED this 22 day of June, 2006.


James E. Provo as Managing Member
Medical Pain Management, LLC
Member and Organizer

H060001654533

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 JUN 23 AM 11:08

11060001654533

CERTIFICATE OF DESIGNATION
OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY 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:

Medical Pain Management of Lake Worth, L.L.C.

2. The name and address of the registered agent and office is:

Joel Kornberg, M.D., J.D., P.A.
7301-A West Palmetto Park Road, Suite 305C
Boca Raton, Florida 33433

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 JUN 23 AM 11:07

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.



Joel Kornberg, M.D., J.D., P.A.
By Joel Kornberg, M.D., J.D., President

6/22/06
(Date)

11060001654533