

206000072190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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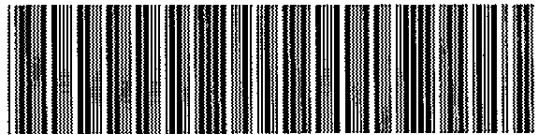
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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06 JUL 20 PM 1:05

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 255304 11405A

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : July 20, 2006

ORDER TIME : 10:01 AM

ORDER NO. : 255304-005

CUSTOMER NO: 11405A

Lyndee
FILED
06 JUL 20 PM 3:32
TAMPA
FLORIDA

DOMESTIC FILING

NAME: PAIN MANAGEMENT ASSOCIATES,
LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds - EXT. 2933

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
FOR
PAIN MANAGEMENT ASSOCIATES, LLC
A Florida Limited Liability Company**

FILED
06 JUL 20 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, desiring to form a limited liability company under and pursuant to Chapter 608, Florida Statutes, the Florida Limited Liability Company Act, does hereby adopt the following Articles of Organization for such Company:

ARTICLE I

Name

The name of this Company shall be **Pain Management Associates, LLC.**

ARTICLE II

Duration

The term of existence of the Company shall commence upon the filing of these Articles of Organization and shall be perpetual.

ARTICLE III

Mailing Address

The mailing address of the principal office of this Company is 567 Avenue K, S.E., Winter Haven, FL 33881. The street address of the principal office of this Company is 567 Avenue K, S.E., Winter Haven, FL 33881.

ARTICLE IV

Registered Agent and Office

The name and street address of this Company's initial registered agent for service of process in this state is as follows: Jorge R. Villarreal, 567 Avenue K, S.E., Winter Haven, FL 33881

ARTICLE V

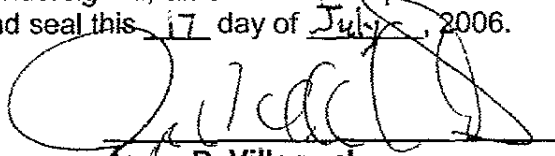
Management

The Company is to be a member-managed company.

ARTICLE VI
Operating Agreement of Company

The power to adopt, alter, amend or repeal the Operating Agreement of the Company shall be vested in the Members.

IN WITNESS WHEREOF, the undersigned, an authorized representative of the company, has hereunto set his hand and seal this 17 day of July, 2006.



Jorge R. Villarreal

STATE OF FLORIDA
COUNTY OF POLK

The foregoing instrument was acknowledged before me this 17th day of July, 2006, by **Jorge R. Villarreal**. He is personally known to me or produced his current drivers' license as identification.

(SEAL)



NOTARY PUBLIC

Print Name of Notary

My commission expires:



Jackie S. Hoverkamp
Commission # DD367891
Expires November 19, 2008
Bonded Troy Fain - Insurance, Inc. 800-365-7019

STATEMENT OF REGISTERED AGENT


Having been named as Registered Agent for Pain Management Associates, LLC and to accept service of process for the company, 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 in Chapter 608, Florida Statutes.


Jorge R. Villarreal

STATE OF FLORIDA
COUNTY OF POLK

The foregoing instrument was acknowledged before me this 17th day of July, 2006, by Jorge R. Villarreal, who is personally known to me, or who produced his current drivers' license as identification.

(SEAL)


NOTARY PUBLIC

Print Name of Notary

Jackie S. Hoverkamp

Commission # DD367891

Expires November 19, 2008

Bonded Troy Fain - Insurance, Inc. 800-365-7019

My Commission Expires: