

**L07000002247**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : GREENBERG TRAUIG (WEST PALM BEACH)  
Account Number : 075201001473  
Phone : (561) 650-7900  
Fax Number : (561) 655-6222

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.****Palm Beach Pain Medicine Physicians, P.L.**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION  
OF  
PALM BEACH PAIN MEDICINE PHYSICIANS, P.L.**

**ARTICLE I - Name**

The name of the Professional Limited Liability Company is: Palm Beach Pain Medicine Physicians, P.L.

**ARTICLE II - Address**

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

1500 N. Dixie Highway  
Suite 103  
West Palm Beach, FL 33401

**ARTICLE III - Purpose**

The specific purpose of the Professional Limited Liability Company shall be to render professional services to the public that a doctor of medicine licensed under the laws of the State of Florida is authorized to render through individual members who themselves are duly licensed or otherwise legally authorized to render the same professional services as the Professional Limited Liability Company and to carry on any lawful pursuit necessary or incidental to the accomplishment or furtherance of such purpose of the Professional Limited Liability Company.

**ARTICLE III- Registered Agent, Registered Office  
& Registered Agent's Signature**

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

Kevin Chaitoff, M.D.  
1500 N. Dixie Highway  
Suite 103  
West Palm Beach, FL 33401

*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 in Chapter 608, Florida Statutes.*

  
Kevin Chaitoff, M.D.

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*Kevin Chaffoff*

Signature of a member or an authorized representative of a member

(In accordance with section 808.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Kevin Chaffoff, M.D.

Typed or printed name of signer

**FILING FEES:**

**\$100.00 Filing Fee for Articles of Organization**  
**\$25.00 Designation of Registered Agent**  
**\$30.00 Certified Copy (Optional)**  
**\$5.00 Certificate of Status (Optional)**

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