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From:
Account Name : GREENBERG TRAUIG (WEST PALM BEACH)
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Palm Beach Pain Medicine Physicians, P.L.

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Corporate Filing Menu

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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 Chaitoff, M.D.

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.)

Kevin Chaitoff, 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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