# Electronic Articles of Organization For Florida Limited Liability Company

L07000100552 FILED 8:00 AM October 03, 2007 Sec. Of State dbruce

### **Article I**

The name of the Limited Liability Company is: NEURO-PAIN MEDICAL CENTER, LLC

#### **Article II**

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

13250 N. 56TH STREET 102 TAMPA, FL. 33617

The mailing address of the Limited Liability Company is:

10524 MARTINIQUE ISLE DR TAMPA, FL. 33647

#### **Article III**

The purpose for which this Limited Liability Company is organized is: CLINICAL & HEALTHCARE SERVICES

#### **Article IV**

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

TOSIN JULIUS 10524 MARTINIQUE ISLE DRIVE TAMPA, FL. 33647

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.

Registered Agent Signature: TOSIN JULIUS

## **Article V**

The name and address of managing members/managers are:

Title: MGRM WALE JULIUS 13250 N. 56TH STREET SUITE 102 TAMPA, FL. 33617

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## **Article VI**

The effective date for this Limited Liability Company shall be: 10/01/2007

Signature of member or an authorized representative of a member Signature: WALE JULIUS