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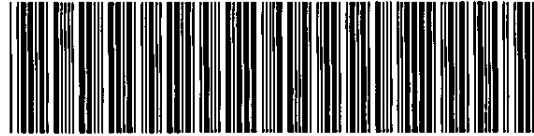
(Business Entity Name)

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Holland & Knight LLP  
Requester's Name

315 So. Calhoun Street  
Address

425-5675  
City/State/Zip Phone #

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**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Neuro Physiological Assessment Services, LLC  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

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☐ Mail out ☐ Will wait ☐ Photocopy

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**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☒ Limited Liability  
☐ Domestication  
☐ Other

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

NEURO PHYSIOLOGICAL ASSESSMENT SERVICES, LLC

ARTICLES OF ORGANIZATION

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

ARTICLE I. NAME

The name of the limited liability company is NEURO PHYSIOLOGICAL ASSESSMENT SERVICES, LLC (the "Company").

ARTICLE II. ADDRESS

The Company's mailing address and the street address of its principal office is:

3375-G Capital Circle N.E.  
Tallahassee, Florida 32308

ARTICLE III. REGISTERED AGENT AND OFFICE

The Company designates 3375-G Capital Circle N.E., Tallahassee, Florida 32308 as the street address of the initial registered office of the Company and names W. Frederick Thomson as the Company's initial registered agent at that address to accept service of process within this state.

Dated this 5<sup>th</sup> day of November, 2007.

By: W. Frederick Thomson  
W. Frederick Thomson  
as it Authorized Representative

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CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA:

1. The name of the limited liability company is NEURO PHYSIOLOGICAL ASSESSMENT SERVICES, LLC.

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

W. Frederick Thomson  
3375-G Capital Circle N.E.  
Tallahassee, Florida 32308

By: W. Frederick Thomson  
W. Frederick Thomson  
as its Authorized Representative

ACKNOWLEDGMENT:

Having been named to accept service of process for the limited liability company named above, at the place designated in this certificate, I accept the appointment as registered agent and agree to act in that 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.

W. Frederick Thomson  
W. Frederick Thomson  
Registered Agent  
Dated: November 5, 2007