

Division of Corporations

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To: Division of Corporations
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Southwest Florida Spine Institute, PLLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION
OF
SOUTHWEST FLORIDA SPINE INSTITUTE,
PLLC**

Pursuant to Section 608.407, and Section 621.051 Florida Statutes, these Articles of Organization for a Professional Limited Liability Company provide that:

ARTICLE I - NAME

The name of the Professional Limited Liability Company is SOUTHWEST FLORIDA SPINE INSTITUTE, PLLC.

ARTICLE II - ADDRESS

The mailing address of the Professional Limited Liability Company shall be P.O. Box 494409, Port Charlotte, FL 33949-4409 and the street address of the principal office of the Professional Limited Liability Company is 331 Sullivan Street, Punta Gorda, Florida 33950.

ARTICLE III - REGISTERED AGENT

The name and street address of the initial registered agent for service of process is John B. Mizell of 331 Sullivan Street, Punta Gorda, FL 33950.

ARTICLE IV - MANAGEMENT

The Company shall be a member managed company.

ARTICLE V - DURATION

The duration of this Company shall be perpetual.

ARTICLE VI - PURPOSE

The purpose for which this Company is formed is to engage in the licensed practice of medicine.

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IN WITNESS WHEREOF, the undersigned, has hereunto subscribed his name and affixed his seal this 22nd day of April, 2008.

Witnesses:

Carol L. Kyle
Print Name: CAROL L. KYLE

Betsy L. Apice
Print Name: Betsy L. Apice

John B. Mizell
John B. Mizell, authorized
representative of member

STATE OF FLORIDA:
COUNTY OF CHARLOTTE:

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared John B. Mizell to me known to be the person described as incorporator, and who executed the foregoing Articles of Organization, and he acknowledged that he executed the same for the purposes therein stated and did not take an oath.

WITNESS my hand and official seal in the State and County aforesaid this 22nd day of April, 2008.



Betsy L. Apice
My Commission DD296749
Expires June 18, 2008

Betsy L. Apice
Printed Name: Betsy L. Apice
Notary Public
State of Florida
Commission Number: DD298749
Commission Expiration Date 6-19-08

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 808.415, AND SECTION 621.051, BOTH OF THE FLORIDA STATUTES, THE UNDERSIGNED PROFESSIONAL LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA:

1. The name of the Professional Limited Liability Company is SOUTHWEST FLORIDA SPINE INSTITUTE, PLLC.
2. The name and address of the registered agent and office is:

John B. Mizell, 331 Sullivan Street, Punta Gorda, Florida 33950.

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.



John B. Mizell

Dated: 4/22/2008

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