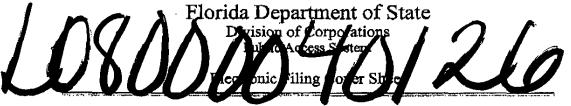
Division of Corporations

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Division of Corporations

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Account Name

: MIZELL LAW FIRM, P.A.

Account Number : I20060000056 Phone

Fax Number

: (941)575-9291 : (941)575-9296

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Southwest Florida Spine Institute, PLLC

Certificate of Status	0
Certified Copy	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.

IN WITNESS WHEREOF, the unc	dersigned, has hereunto subscribed his
Print Name: CALOR L- CYRE Print Name: Betoy L. Apice	John B. Mizell, authorized representative of member
STATE OF FLORIDA:	

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 day of April , 2008.

My Commission D0206749
Expires June 19, 2008

Printed Name: OPEN L APICE
Notary Public

State of Florida

Commission Number: DD29814

Commission Expiration Date Lo - 19 - 08

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, 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

08 APR 22 AM IO: 33
SEGRETARY OF STATE
TALLAHASSEE, FI ORIGINA