

6080000 41480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

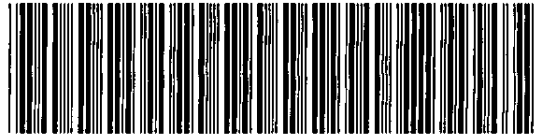
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08 APR 24 PM 1:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

GA. Thomas APR 25 2008

**FRANK C. AMATEA**  
**LAWYER**

April 22, 2008

(352) 732-4740  
FAX (352) 867-5111

500 N. E. EIGHTH AVENUE  
**OCALA, FLORIDA 34470**

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

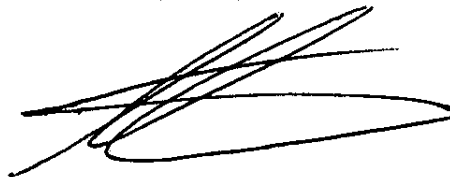
RE: Comprehensive Pain Management of Ocala, LLC

Ladies/Gentlemen:

Enclosed for filing are Articles of Organization for Florida Limited Liability Company, in duplicate, for the subject company together with my office account check for \$125.00 representing the filing fee and registered agent fee.

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08 APR 24 PM 1:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Very truly yours,



Frank C. Amatea

FCA:ejm  
Enclosures

cc: Dr. Robert Ulseth  
Dr. Cesar Euribe

**ARTICLES OF ORGANIZATION FOR FLORIDA**  
**LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

COMPREHENSIVE PAIN MANAGEMENT OF OCALA, LLC

**ARTICLE II - Address:**

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

2685 SW 32<sup>nd</sup> Place, Suite 500  
Ocala, FL 34471

**ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:**

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

Name: Robert Ulseth  
Street Address: 2685 SW 32<sup>nd</sup> Place, Suite 500  
Ocala, FL 34471

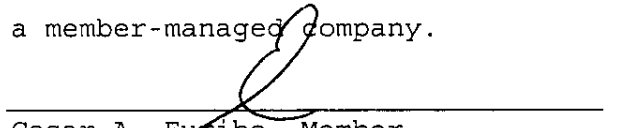
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TALLAHASSEE, FLORIDA

*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 for in Chapter 608, F.S.*

  
Robert Ulseth, Registered Agent

**ARTICLE IV - MANAGEMENT**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a member-managed company.

  
Cesar A. Euribe, Member  
(Signature of a member or authorized representative of a member)

Filing fee \$100.00  
Reg. Agt. 25.00