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# Frank C. Amatea

LAWYER

(352) 732-4740 FAX (352) 867-5111 April 22, 2008

600 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 \$1250 in representing the filing fee and registered agent fee.

Very truly yours,

Frank C. Amatea

FCA:ejm Enclosures

cc: Dr. Robert Ulseth Dr. Cesar Euribe

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## 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 32nd 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 a

Name:

Robert Ulseth

Street Address: 2685 SW 32nd Place, Suite 500

Ocala, FL 34471

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.

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 dompany.

Cesar A. Euribe, Member

(Signature of a member or authorized representative of a member)

Filing fee \$100.00 Req. Agt. 25.00