

L08000045061

(Requestor's Name)

(Address)

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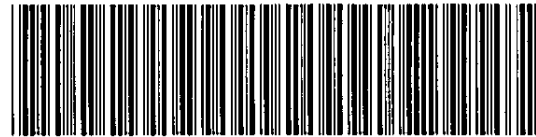
(Business Entity Name)

(Document Number)

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05/06/08--01020--018 **155.00

RECEIVED
08 MAY -6 AM 11:02
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
08 MAY -6 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

MAY 6 2008

EXAMINER

CORP DIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: RICKY SOTO

DATE: 05/06/2008

REF. #: 001518.86476

CORP. NAME: SPINECARE ANESTHESIA, LLC

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 575970 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
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| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

ARTICLES OF ORGANIZATION
OF
SPINECARE ANESTHESIA, LLC

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TALLAHASSEE, FLORIDA

ARTICLE I - Name

The name of the Limited Liability Company is SPINECARE ANESTHESIA, LLC (the "Company").

ARTICLE II - Address

The mailing address and street address of the principal office of the Company is 5889 NW 23rd Terrace, Boca Raton, FL 33496.

ARTICLE III - Registered Agent and Office

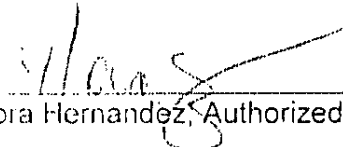
The street address of the Company's initial registered office is 515 E. Park Avenue, Tallahassee, FL 32301, and the name of its initial registered agent at such office is CorpDirect Agents, Inc.

ARTICLE IV - Manager(s)

The Company is to be a manager-managed company. The name and address of the initial Manager is as follows:

Carl R Noback, M.D.
5889 NW 23rd Terrace
Boca Raton, FL 33496


In accordance with Section 603.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. Dated this 5th day of May, 2008.



Nora Hernandez, Authorized Signor

ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT

The undersigned, having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in these Articles of Organization, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of its position as registered agent as provided for in Florida Statutes Chapter 608. Dated this 6th day of May, 2008.

 Ricky Soto,
Assistant Secretary
CORP DIRECT AGENTS, INC.
Registered Agent