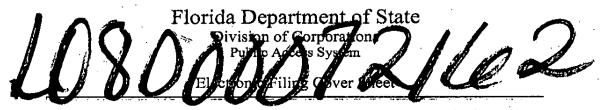
Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6383

: PYLE & DELLINGER, PL. Account Name

Account Number : I2000000053 Phone

: (386)615-9007

Fax Number

: (386)676-2615

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Daytona Spine & Rehab, PL

Certificate of Status	0
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PYLE & DELLINGER, PL

Michael A. Pyle mikep@pylelaw.com

Trisha L. Dellinger trishad@pylelaw.com

AREAS OF PRACTICE

Real Estate & Title Insurance • Estate Planning & Elder Law • Probate & Guardianship • Corporate & Business Law

July 28, 2008

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

RE: Daytona Spine & Rehab, PL / Daytona Spine & Rehab, LLC (Doc. No. L08000067986)

To whom it may concern:

The same person creating this new company inadvertently created Daytona Spine & Rehab, LLC. It should have been created as a professional service entity. Because of various tax forms and other documents filed for the incorrect company. It was determined best to cancel the prior company and create a new one.

Therefore, we ask that you authorize this company in spite of the similarity to the name of the other company. The document number for the prior company is L08000067986 and the articles were filed on July 14, 2008.

If you have any questions please feel free to contact our office at (386) 615-9007.

Sincerely,

Michael A. Pyle

cc: James C. Antos

OR JUL 28 AM 8: 1.5
SECREMAN SEE, FLORIDA

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OF DAYTONA SPINE & REHAB, PL

The undersigned, for the purpose of forming a professional limited liability company under the Florida Limited Liability Company Act, Chapter 608, *Florida Statutes*, and the Professional Service Corporation Limited Liability Company Act, Chapter 621, *Florida Statutes*, hereby executes the following Articles of Organization.

ARTICLE I

The name of the Limited Liability Company is DAYTONA SPINE & REHAB, P

ARTICLE II ADDRESS

The street address and the mailing address of the principal office of the Company 5569 Heath Blvd. Ste. C, Daytona Beach, FL 32114.

ARTICLE III REGISTERED OFFICE AND AGENT

The name of the Registered Agent is **James C. Antos** and Florida street address of the registered agent is **569 Heath Blvd. Ste. C, Daytona Beach, FL 32114**.

ARTICLE IV PURPOSE

This is a professional limited liability company organized to practice chiropractic medicine and all members shall be licensed chiropractic physicians.

IN WITNESS WHEREOF, the undersigned Authorized Representative has executed these Articles of Organization on this 2 and ay of July, 2008

Janes C. Antos, Authorized Representative

STATE OF FLORIDA COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me this <u>18</u> day of July, 2008, by **James**C. Antos who is personally known to me, or who presented a Florida drivers license or a drivers license or ______, as identification.

Notary Public

Michael A. Pyle

(Printed Name)

My Commission Expires:

MICHAEL A, PYLE

MY COMMISSION & DD 735278

EXPIRES: December 3, 2011

Bonded Thru Notary Public Underwriters

(In accordance with Section 608.408(2), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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ACCEPTANCE OF DESIGNATION

Having been named Registered Agent to accept service of process for the above stated Limited Liability Company at the place designated in the above Articles of Organization, I hereby accept the appointment as registered agent and 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 provided in Chapter 608, *Florida Statutes*.

James C. Antos, Registered Agen

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SECKE MAY OF STATE