

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : PYLE & DELLINGER, PL.
Account Number : I20000000053
Phone : (386) 615-9007
Fax Number : (386) 676-2615

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08 JUL 28 AM 8:45
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FLORIDA/FOREIGN LIMITED LIABILITY CO.**Daytona Spine & Rehab, PL**

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JUL 29 2008

EXAMINER

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07/28/2008 13:23

#367 P.002/004

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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

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TALLAHASSEE, FLORIDA

1655 North Clyde Morris Boulevard, Suite 1 • Daytona Beach, FL 32117
Telephone: 386.615.9007 Facsimile: 386.676.2615 Website: www.pylelaw.com

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**ARTICLES OF ORGANIZATION
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
NAME**

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

**ARTICLE II
ADDRESS**

The street address and the mailing address of the principal office of the Company is **569 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 28 day of July, 2008


James C. Antos, Authorized Representative

**STATE OF FLORIDA
COUNTY OF VOLUSIA**

The foregoing instrument was acknowledged before me this 28 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:



(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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From: PYLE & DELLINGER

07/28/2008 13:24

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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 Agent

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