

LD8000090335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900136087419

09/22/08--01032--001 **180.00

FILED
08 SEP 22 PM 12:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. G. Gentry

SEP 23 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Complete Pain Management, P.L.
(Name of Resulting Florida Limited Company)

The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.

Please return all correspondence concerning this matter to:

Lori Landrum, Paralegal

(Contact Person)

Edsel F. Matthews, Jr.

(Firm/Company)

308 South Jefferson Street

(Address)

Pensacola, Florida 32502

(City, State and Zip Code)

For further information concerning this matter, please call:

Lori Landrum

(Name of Contact Person)

at (850) 432-1300

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization)

☐ \$155.00 Filing Fees
and Certificate of
Status

☒ \$180.00 Filing Fees
and Certified Copy

☐ \$185.00 Filing Fees,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

FILED

08 SEP 22 PM 12:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

This Certificate of Conversion **and attached Articles of Organization** are submitted to convert the following **"Other Business Entity" into a Florida Limited Liability Company** in accordance with s.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

Complete Pain Management, P.A.

POI- 72763

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a professional corporation.

(Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of State of Florida

(Enter state, or if a non-U.S. entity, the name of the country)

on July 24, 2001.

(Enter date "Other Business Entity" was first organized, formed or incorporated)

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

Complete Pain Management, P.L.

(Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the effective date: _____.

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

Signed this 16th day of September 2008.


Signature of Member or Authorized Representative of Limited Liability Company:

Signature of Member or Authorized Representative: 

Printed Name: Jeffrey M. Cox, M.D.

Title: Managing Member

Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: 

Printed Name: Jeffrey M. Cox, M.D.

Title: President/Director

Signature: _____

Printed Name: _____

Title: _____

Signature: _____

Printed Name: _____

Title: _____

Signature: _____

Printed Name: _____

Title: _____

Signature: _____

Printed Name: _____

Title: _____

Signature: _____

Printed Name: _____

Title: _____

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

**ARTICLES OF ORGANIZATION
OF
COMPLETE PAIN MANAGEMENT, P.L.**

The undersigned, being a natural person of at least 18 years of age and acting as the Organizer of the Limited Liability Company hereby being formed under the Chapter 608 of the Florida Statutes, does hereby adopt the following Articles of Organization for the Limited Liability Company:

FIRST: The name of the Limited Liability Company is:

Complete Pain Management, P.L.

SECOND: The term of existence of the Limited Liability Company shall be perpetual.

THIRD: The Limited Liability Company is organized for the following purposes:

(a) To engage in every aspect and phase of the business of rendering professional medical services to the general public and do all things in connection therewith that are customarily done by licensed health care providers under the laws of the State of Florida; provided however, that such professional services shall be rendered only by the members, employees and agents who are duly licensed under the laws of the State of Florida to render such professional services.

(b) To limit the liability of the member of this professional limited liability company so that the personal liability of the member is no greater than that of a member-employee of any limited liability company under Chapter 607, Florida Statutes.


(c) In invest the funds of the company in real estate, mortgages, stocks, bonds, or any other type of investment and to own real and personal property necessary for the rendering of professional medical services.

(d) In general, either alone or in association with other companies, corporations, firms or individuals, to do all and everything necessary and proper for the accomplishment of any of the purposes or the attainment of any of the objectives enumerated in the Articles of Organization, or any amendment thereof, and to carry on any lawful pursuit necessary or incidental to the accomplishment or furtherance of such purposes or objectives to such extent as is now or may hereafter be allowable under Chapter 621, Florida Statutes.

(e) And to carry on any other activities necessary to, in connection with or incidental to the foregoing, as the Managing Member in his discretion may deem desirable.

FOURTH: The mailing address and street address of the initial registered office of the Limited Liability Company in Florida is 308 South Jefferson Street, Pensacola, Florida 32502, and the name of the initial registered agent of the Limited Liability Company to whom process may be sent in Florida at that address is Edsel F. Matthews, Jr.

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. If 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.

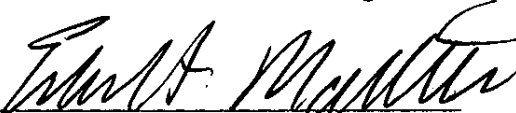

Edsel F. Matthews, Jr.

FIFTH: The mailing address and principal office of the Limited Liability Company is 4220 North Davis Highway, Suite A100, Pensacola, Florida 32503.

SIXTH: The Limited Liability Company is to be managed by a Managing Member. The name and address of the initial Managing Member are: Jeffrey M. Cox, M.D., having an address at 4220 North Davis Highway, Suite A100, Pensacola, Florida 32503

SEVENTH: The name and business address of the Organizer of the Limited Liability Company are: Edsel F. Matthews, Jr., 308 South Jefferson Street, Pensacola, Florida 32502.

IN WITNESS WHEREOF, the undersigned has executed and acknowledged these Articles of Organization on September 16, 2008.


Edsel F. Matthews, Jr.
Organizer

STATE OF FLORIDA, COUNTY OF ESCAMBIA, ss.

The foregoing instrument was acknowledged before me on the 16 day of September, 2008, by Edsel F. Matthews, Jr..


Notary Public

Personally Known ☒ OR Produced Identification _____
Type of Identification Produced: ☐ Passport ☐ State Driver's License
☐ Other:

FILED
08 SEP 22 PM 12:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA