

L090000013989

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000032453 3)))



H09000032453ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 FEB 11 AM 8:00

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Spinecare of Palm Coast, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED

09 FEB 11 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

J. BRYAN

FEB 12 2009

EXAMINER
Help

**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**
In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

SPINECARE OF PALM COAST, LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

201 MONTGOMERY AVE

SARASOTA, FL 34243

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent are:

A1A REGISTERED AGENT, INC.
5647 110TH AVENUE NORTH
ROYAL PALM BEACH, FL 33411

Having been named as registered agent 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.

Tamara Pres 2/11/09
A1A REGISTERED AGENT, INC./ Registered Agent's signature

PAGE 2 SPINECARE OF PALM COAST, LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER
INNOVATIVE PAIN SOLUTIONS, LLC
201 MONTGOMERY AVE
SARASOTA FLORIDA 34243

MANAGING MEMBER
MUA CENTER OF PALM COAST, LLC
201 MONTGOMERY AVE
SARASOTA FLORIDA 34243

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 FEB 11 AM 8:00

.....
X Bradley Wachowiak
Signature of a member or an authorized representative of a member (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

BRADLEY WACHOWIAK