

# L09000026465

Florida Department of State  
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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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**FCCN PAIN MANAGEMENT, LLC**

Certificate of Status	0
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**C. LEWIS**

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**EXAMINER**

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**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

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TALLAHASSEE, FLORIDA**ARTICLE I      NAME**

The name of the Limited Liability Company is:

FCCN PAIN MANAGEMENT, LLC

**ARTICLE II      ADDRESS**

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

201 MONTGOMERY AVE  
SARASOTA, FLORIDA 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, FLORIDA 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.

*Ima Chalki Tuxmax Pres 3/18/09*  
A1A REGISTERED AGENT INC. / Registered Agent's signature

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PAGE 2 FCCN PAIN MANAGEMENT, 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

CARL R NOBACK

201 MONTGOMERY AVE

SARASOTA, FLORIDA 34243

MANAGING MEMBER

CULLUM CHIROPRACTIC CENTERS, INC.

1427 SOUTH 3RD STREET

JACKSONVILLE BEACH, FLORIDA 32250

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TALLAHASSEE, FLORIDAX Carl R Noback MD

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.

CARL R NOBACK

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