

**L09000054812**

## Florida Department of State

Division of Corporations

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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
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**FILED****FLORIDA/FOREIGN LIMITED LIABILITY CO.**

center for pain medicine, llc

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

ARTICLE I - Name of Limited Liability Company:

**CENTER FOR PAIN MEDICINE, LLC**

ARTICLE II - Mailing Address & Street Address of Limited Liability Company:

38176 MEDICAL CENTER AVE  
ZEPHYRHILLS FL 33540-1380

ARTICLE III -- Registered Agents Name, Office Address, & Registered Agents Signature:

**AKIN BAKARE**  
**1911 W. MLK. JR. BLVD.**  
**TAMPA, FL 33607**

*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. 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...*



Registered Agent's Signature

Date 6/05/09

- ☐ Article IV - Management (Check box if applicable.)  
The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company. Specify name & address(es)

1. AKIN BAKARE, 1911 W. MLK JR. BLVD, TAMPA, FL 33607 - 8007.  
2. ANDREW WARD, 38176 MEDICAL CENTER AVE, ZEPHYRHILLS FL 33540-1380 2007.



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.

Typed or printed name of signee

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