

09-03-09 03:08PM FROM AKERMAN SENTERFITT

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SOUTH FLORIDA PAIN & REHABILITATION OF WEST DADE, LL

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EXAMINER

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**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
SOUTH FLORIDA PAIN & REHABILITATION OF WEST DADE, LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: Incorrect Statement:
"ARTICLE IV - Manager(s) or Managing Member(s): MGRM-Erin B. Feder, 18339

N.E. 19th Ave., North Miami Beach, FL 33179" Reason: Not MGRM and should
not be listed.

Correct Statement: ARTICLE IV - Manager(s) or Managing Member(s): MGRM-
Daniel S. Feder, 18339 N.E. 19th Ave., North Miami Beach, FL 33179
OR

- ☐ Was defectively signed. The manner in which the document was defectively signed
the appropriate correction are as follows:

Dated: September 3, 2009

/s/ Daniel S. Feder

Signature of a member or authorized representative of a member

Daniel S. Feder

Typed or printed name of signee

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

South Florida Pain & Rehabilitation of West Dade, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:8280 W. Flagler St. Suite 1-D
Miami, FL 33144**Mailing Address:**1600 S Federal Hwy. Suite 390
Pompano beach, FL 33062**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Daniel S Feder

Name

18339 NE 19th AveFlorida street address (P.O. Box **NOT** acceptable)North Miami Beach FL 33179

City, State, and Zip

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 (REQUIRED)

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Daniel S Feder

18339 NE 19th Ave

North Miami Beach, FL 33179

MGRM

Erin B. Feder


18339 NE 19th Ave

North Miami Beach, FL 33179

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days before to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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.)

Daniel Feder

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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