

Division of Corporations

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To:

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

Effective Date 11/19/09

From:

Account Name : DAVID E HIGHTOWER  
Account Number : I20060000090  
Phone : (850) 549-3812  
Fax Number : (850) 607-2663

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## FLORIDA/FOREIGN LIMITED LIABILITY CO.

## Emerald Coast Pain Consultants, PLLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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EXAMINER

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**Effective Date** 11/19/09

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

**ARTICLE I – Name**

The name of the Professional Limited Liability Company is Emerald Coast Pain Consultants, PLLC.

**ARTICLE – Address**

The mailing address and the principal office of the Professional Limited Liability Company are:

4521 North Davis Highway, Suite B.  
Pensacola, Florida 32503

**ARTICLE III – Purpose and Powers**

This Professional Limited Liability Company is organized for the purpose of providing professional medical services, for any legal and lawful purpose for which a professional limited liability company may be organized and may exercise all powers and rights which a professional limited liability company may exercise under the Florida Professional Service Corporation and Limited Liability Company Act.

**ARTICLE IV – Members**

Individual members must be licensed to practice medicine in the State of Florida. The shareholders of any member that is a professional service corporation and the members of any member that is a professional limited liability company must each be licensed to practice medicine in the State of Florida. Contributions required of new members shall be determined as of the time of admission to the Professional Limited Liability Company in accordance with its Operating Agreement.

A member's interest in the Professional Limited Liability Company may not be sold or otherwise transferred except to a person licensed to practice medicine in the State of Florida, in accordance with the Operating Agreement of this Professional Limited Liability Company.

**ARTICLE V – Duration**

The period of duration of the Professional Limited Liability Company shall be perpetual.

**ARTICLE VI – Management**

The Professional Limited Liability Company is to be managed by its sole member. The name and address of the member are:

Craig C. Cartia  
4521 North Davis Highway, Suite B.  
Pensacola, Florida 32503

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**ARTICLE VII – Registered Agent**

The name and street address of the initial registered agent of the Professional Limited Liability Company are:

David E. Hightower  
Hightower Law Firm  
1514 North 9<sup>th</sup> Avenue  
Pensacola, Florida 32503

**ARTICLE VIII – Effective Date**

Pursuant to section 608.409(1), Florida Statutes, the effective date for the beginning existence of the Professional Limited Liability Company shall be November 19, 2009.


11/24/09  
Dated

  
David E. Hightower, Authorized  
Representative of a Member

**REGISTERED AGENT ACCEPTANCE**

Having been named as registered agent and to accept service of process for the above stated professional limited liability company at the address designated in this certificate pursuant to the provisions of section 608.415, Florida Statutes, 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.

11/24/09  
Dated

  
David E. Hightower

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