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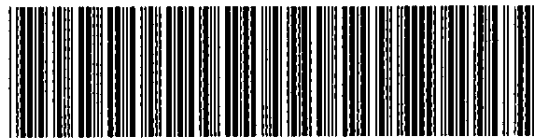
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

N. Culligan JUL -9 2013

(850) 245-6051.

COVER LETTER

TO: * Registration Section
Division of Corporations

SUBJECT: Pain Treatment Centers of Florida, PLLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

York R. Gresser, MBA - Registered Agent

Name of Person

c/o Stephen T. Pyles, MD

Firm/Company

P.O. Box 1626

Address

Ocala FL 34478

City/State and Zip Code

ygresser@flpain.cfcoxmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

York R. Gresser

Name of Person

at (352) 873-6808

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☒ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

July 1, 2013

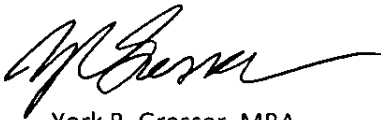
RIDA STATE DEPT. OF STATE
DIVISION OF CORPORATIONS
ATTN: NEYSA CULLIGAN
P O BOX 6327
TALLAHASSEE FL 32314

RE: PAIN TREATMENT CENTERS OF FLORIDA, PLLC
Ref. No. W13000036565

Dear Ms. Culligan:

Thank you for advising us of the similarity of the choice of our name to an existing corporation. We were aware of that when we prepared our document; however, we wish to keep the name as we submitted. Please go ahead and process the enclosed Articles of Organization.

Sincerely,

A handwritten signature in black ink, appearing to read 'York R. Gresser', with a stylized, flowing script.

York R. Gresser, MBA
Registered agent



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 25, 2013

YORK R. GRESSER, MBA
P.O. BOX 1626
OCALA, FL 34478

SUBJECT: PAIN TREATMENT CENTERS OF FLORIDA, PLLC
Ref. Number: W13000036565

We have received your document for PAIN TREATMENT CENTERS OF FLORIDA, PLLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is distinguishable on our records. However, the name is similar to a name already on file with this office. Therefore, the use of this name may result in future complications. The name of the existing entity is : PAIN TREATMENT CENTER OF FLORIDA INCORPORATED, document number P11000070982.

You may 1.) resubmit the document under the current name; or 2.) choose to file under another name. If you choose to file under another name, please make the appropriate correction throughout the document(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 713A00015874

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**ARTICLES OF ORGANIZATION
OF
PAIN TREATMENT CENTERS OF FLORIDA, PLLC**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, being a duly authorized representative of a member, desiring to form a limited liability company under the Florida Limited Liability company Act, Chapter 608, Florida Statutes, and the Professional Service Corporation and Limited Liability Company Act, Chapter 621, Florida Statutes, does hereby adopt the following Articles of Organization:

ARTICLE I – NAMES

The name of the limited liability company is Pain Treatment Centers of Florida, PLLC (the "Company").

ARTICLE II – STREET ADDRESS

The street address of the principle office and the mailing address of the Company are:

2300 South Pine Avenue, Suite A
Ocala, Florida 34471

ARTICLE III – PURPOSE

The Company is organized for the purpose of performing medical services and all other lawful business permitted under the laws of the United States and of the State of Florida.

ARTICLE IV – DURATION AND EXISTENCE: EFFECTIVE DATE

The Company will exist perpetually, commencing on the date of the filing of these Articles of Organization with the Secretary of State of the State of Florida.

ARTICLE V – CONTINUATION OF LIMITED LIABILITY COMPANY

So long as the Company continues to have at least one remaining member, the death, retirement, resignation, expulsion, bankruptcy or dissolution of any member or the occurrence of any other event that terminates the continual membership of any member shall not cause the Company to be dissolved, and upon the occurrence of any such event, the Company shall be continued without dissolution. At any time there are no members, the Company shall not be dissolved and shall not be required to be wound up if, within one (1) year after the occurrence of the event that terminated the continued membership of the last remaining member, the personal representative or other legal representative of the last remaining member agrees in writing to continue the Company and agrees to the admission of the personal representative or other legal representative of such member, or its nominee or designee to the Company as a member, effective as of the occurrence of the event that terminated the continued membership of the last remaining member.

Prepared by York R. Gresser, MBA
2300 South Pine Avenue, Suite A
Ocala, Florida 34471 Ph: 352-873-6808

ARTICLE VI – REGISTERED OFFICE AND AGENT

The Company hereby (i) designates 2300 South Pine Avenue, Suite A, Ocala, Florida 34471 as the street address of the Company's registered office, and (ii) names York R. Gresser, MBA, as the Company's registered agent at that address to accept service of process within the State of Florida.

ARTICLE VII – MANAGEMENT AND AUTHORITY

The Company shall be a manager-managed company. Pursuant to section 608.4235, Florida Statutes, no member of the Company shall be an agent of the Company solely by virtue of being a member, and no member shall have authority to incur debt or contractual liability on behalf of the Company solely by virtue of being a member.

IN WITNESS WHEREOF, the undersigned has hereunto set its hand and seal this 20 Day of June, 2013.

PAIN TREATMENT CENTERS OF FLORIDA, PLLC

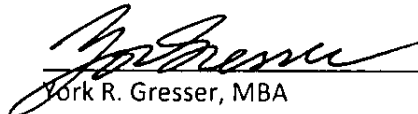
BY: 

Stephen T. Piles, M.D.-Managing Member

ACCEPTANCE OF REGISTERED AGENT

The undersigned (i) agrees to act as registered agent for the Company named above, to accept service of process at the place designated in these Articles of Organization, and to comply with the provisions of Chapter 608, Florida Statutes, and (ii) acknowledges that the undersigned is familiar with, and accepts, the obligations of such position.

Dated:


York R. Gresser, MBA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 JUL -9 PM 2:56

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