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Division of Corporations

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Page 1 of 2

**Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : SHUMAKER, LOOP & KENDRICK LLP  
Account Number : 075500004387  
Phone : (813) 229-7600  
Fax Number : (813) 229-1660

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
Florida Pain Medicine, PL**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

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14 NOV -3 AM 10:00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 OCT-31 AM 11:06

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B. BOSTICK

NOV -3 2014

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA PAIN MEDICINE, PLLC**

**ARTICLE I – Name:**

The name of the Professional Limited Liability Company is **FLORIDA PAIN MEDICINE, PLLC**.

**ARTICLE II – Purpose:**

The purpose of the Professional Limited Liability Company ("Company") is to engage in the practice of medicine.

**ARTICLE II – Address:**

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

1909 Haven Bend  
Tampa, FL 33613

**ARTICLE III – Managers:**

The Company will be manager-managed.

**ARTICLE IV – Indemnification:**

The Company shall, to the full extent permitted by Section 605.0408, of the Florida Statutes, as amended from time to time, indemnify all persons whom it may indemnify pursuant thereto. The indemnification provided by this Article IV shall not limit or exclude any rights, indemnities or limitations of liabilities to which any person may be entitled, as a matter of law, under the regulations of the Company, by agreement or otherwise.

**ARTICLE V – ADMISSION OF MEMBERS**

No person may be admitted as a Member, whether as a substituted Member or an additional Member, except upon the consent of all the Members as provided in Section 605.0401(3)(c) or as provided in Section 605.0701(3) and in the manner set forth in the Operating Agreement of the Company, as it may be amended from time to time, or as otherwise agreed by all of the Members.

**ARTICLE VI – TRANSFER OF INTEREST IN COMPANY**

No transfer of an Interest in the Company is permitted or valid except in accordance with the restrictions on transfer contained in the Operating Agreement of the Company, as amended at the effective time of the transfer.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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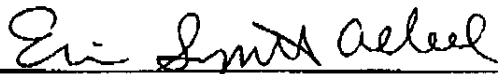
FILED

**ARTICLE VII - Registered Agent and Registered Address**

The name and the street address of the registered agent is:

Erin Aebel, Esq.  
Shumaker, Loop & Kendrick, LLP  
101 East Kennedy Boulevard  
Suite 2800  
Tampa, Florida 33602

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 29<sup>th</sup> day of October, 2014.



**Signature of an authorized representative of a member.**

(In accordance with Section 605.0202(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided in section 817.155, Florida Statutes)

Erin Aebel

**Typed or printed name of signee**

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TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF CHAPTER 605, FLORIDA STATUTES, THE PROFESSIONAL LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the professional limited liability company is **FLORIDA PAIN MEDICINE, PLLC.**
2. The name and the Florida street address of the registered agent are:

Erin Aebel, Esq.  
Shumaker, Loop & Kendrick, LLP  
101 East Kennedy Boulevard  
Suite 2800  
Tampa, Florida 33602

*Having been named as registered agent and to accept service of process for the above stated professional 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.*



Erin Aebel, Esq.  
Registered Agent

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2014 OCT 31 A 11:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



November 3, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SHUMAKER, LOOP & KENDRICK LLP

SUBJECT: FLORIDA PAIN MEDICINE, PL  
REF: W14000066550

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of a professional limited liability company must contain CHARTERED, PROFESSIONAL LIMITED LIABILITY COMPANY, P.L.L.C. or PLLC.

The specific purpose of the entity must be set forth in the document.

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.

Teresa Brown  
Regulatory Specialist II

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