

## Florida Department of State

L20000087026  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850)617-6381

## From:

Account Name : GASSMAN, CROTTY & DENICOLA, P.A.  
Account Number : 075350000514  
Phone : (727)442-1200  
Fax Number : (727)443-5829

**\*\*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.  
ALL SPINE CARE, L.L.C.**

Certificate of Status	0
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Audit Fax No: 412000090640**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

**ALL SPINE CARE, L.L.C.****ARTICLE II - Address:**

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

**1245 COURT STREET  
CLEARWATER, FL 33756****ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**Alan S. Gassman  
1245 Court Street  
Clearwater, FL 33756**

*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 605, F.S.*



Registered Agent's Signature

**ARTICLES OF ORGANIZATION OF  
ALL SPINE CARE, L.L.C.**

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**Alan S. Gassman, Esquire**  
1245 Court Street  
Clearwater, FL 33756  
(727) 442-1200  
Florida Bar #: 371750  
Audit Fax #: 412000090640

SECRETARY OF STATE  
TALLAHASSEE, FL.

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Audit Fax No: 120000 906040**ARTICLE IV - Members and Managers:**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:****"AMBR" = Authorized Member****"MGR" = Manager****Name and Address:****MGR****ALAN S. GASSMAN, ESQUIRE  
1245 COURT STREET  
CLEARWATER, FL 33756****ARTICLE V - Effective Date:**

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 (5) business days prior to or ninety (90) days after the date of filing.)

**ARTICLE VI - Other provisions, if any.****Written Operating Agreement**

Any operating agreement entered into by the Members of the Limited Liability Company, and any amendments or restatements thereof, shall be in writing, and shall govern all matters relating to the governance of the affairs of the Limited Liability Company, the conduct of its business and the relations of its Members, including without limitation, the amendment of these Articles. No oral agreement among any of the Members or Managers of the Limited Liability Company shall be deemed or construed to constitute any portion of, or otherwise affect the interpretation of, any written operating agreement of the Limited Liability Company, as amended and in existence from time to time.

**ARTICLES OF ORGANIZATION OF  
ALL SPINE CARE, L.L.C.****PAGE 2****Alan S. Gassman, Esquire  
1245 Court Street  
Clearwater, FL 33756  
(727) 442-1200****Florida Bar #: 371750****Audit Fax #: 120000 906040**

Audit Fax No: H20000090640**REQUIRED SIGNATURE:****Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203(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 for in s.817.155, F.S.)

ALAN S. GASSMAN, AUTH. REP

Typed or printed name of signee

**ARTICLES OF ORGANIZATION OF  
ALL SPINE CARE, L.L.C.**

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