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Division of Corporations

Fax Number : (850)617-5383

From:

Account Name : WILLIAMS, PARKER, HARRISON, DIETZ & GETZEN, PLLC

Account Number : 072720000266 : (941)366-4800 : (941)552-7141 Fax Number

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUNSHINE SPINE AND PAIN SPECIALISTS, LLC

Certificate of Status Certified Copy 02 Page Count \$55.00 Estimated Charge

OCT - 1 2021

Amended of Restated Atticles of Organization (with composite indicator change)

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# AMENDED AND RESTATED ARTICLES OF ORGANIZATION OF SUNSHINE SPINE AND PAIN SPECIALISTS, LLC

In accordance with Section 605.0202, Florida Statutes, the Articles of Organization of Sunshine Spine and Pain Specialists, LLC, a limited liability company organized under the laws of the State of Florida, for which Articles of Organization were filed on April 19, 2021, with an effective date of existence of April 21, 2021, as amended, and assigned document number L21000179705 (the "Company"), are hereby amended and restated as follows:

### Name

. The name of the Company is:

Sunshine Spine and Pain Specialists, PLLC

## **Purposes**

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. The purposes for which this Company is organized are as follows:

To acquire, establish, own, maintain, manage, operate, conduct, carry on and engage in the practice of medicine, and to make any and all investments and/or own any and all property in the United States or elsewhere authorized or permitted by Chapters 605 and 621, Florida Statutes.

In the course or furtherance of such practice of medicine, to invest funds in real estate, mortgages, stocks, bonds or any other investments of any conceivable type whatsoever, and to own any real or personal property necessary or incidental to such practice of medicine.

In general, to do and perform any and all acts and things whatsoever which may be or become necessary, desirable, proper, convenient, connected with or related or incident to the foregoing purposes or powers but which are not forbidden by the laws of the State of Florida; provided, however, that this Company shall not do any act or thing in conflict with any laws of the State of Florida applicable to the practice of medicine.

## Mailing Address and Address of Principal Office of Company

. The mailing address and the principal office address of the Company is 1242 Southbay Drive, Osprey, Florida 34229.

## Name and Street Address of Registered Agent

. The name and street address of the Company's registered agent is Peter M. Fernandez, M.D., 1242 Southbay Drive, Osprey, Florida 34229.

## Management

. The Company shall be a manager-managed company. The name and address of the manager of the Company is as follows:

Peter M. Fernandez, M.D. 1242 Southbay Drive Osprey, FL 34229

#### Members

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Membership in the Company is restricted to professional limited liability companies, professional corporations, and individuals who themselves are duly licensed or otherwise legally authorized to engage in the practice of medicine in the State of Florida. No member of the Company shall enter into any type of agreement vesting another person with the authority to exercise any of that member's voting power in the Company.

#### Amendment

. These Amended and Restated Articles of Organization may be amended in the manner provided in the Operating Agreement of the Company.

IN WITNESS WHEREOF, the undersigned Manager of the Company has executed these Amended and Restated Articles of Organization as of the 30<sup>th</sup> day of September 2021 (the "Execution Date").

Peter M. Fernandez, M.D.

As its Manager

## ACKNOWLEDGEMENT OF REGISTERED AGENT

In accordance with F.S. §§ 605.0201(2)(c) and 605.0113, the undersigned is familiar with the obligations imposed on the position of registered agent by the Florida Revised Limited Liability Company Act and hereby accepts appointment as the registered agent of the Company.

IN WITNESS WHEREOF, the undersigned has executed this Acknowledgement of

Registered Agent as of the Execution Date.

registered Agent

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SECKETARY OF STATE ALLAHASSEE, FLORIDA