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Florida Department of State  
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To:

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

From:

Account Name : FL PATEL LAW PLLC  
Account Number : 120170000097  
Phone : (727)279-5037  
Fax Number : (727)888-1294

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

Email Address: dr.michaelmassey@gmail.com

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CORPORATIONS  
COMMERCIAL  
SERVICES

**FLORIDA LIMITED LIABILITY CO.  
Gulf Coast PainCare PLLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

SECRETARY OF STATE  
ALL/HASSET, FLORIDA

AM 8:50

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**ARTICLES OF ORGANIZATION  
FOR  
GULF COAST PAINCARE PLLC  
A FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY**

**ARTICLE I.  
Name**

The name of the Professional Limited Liability Company is: Gulf Coast PainCare PLLC (the "Company").

**ARTICLE II.  
Address**

The principal office and mailing address of the Company is:

2595 Tampa Road,  
Suite U,  
Palm Harbor, FL 34684

**ARTICLE III.  
Registered Agent, Registered Office, & Registered Agent's Signature**

The name and the Florida Street Address of the Registered Agent are:

FLP RA Services LLC  
360 Central Avenue  
Suite 800  
Saint Petersburg, FL 33701

*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 as provided for in Chapter 605, F.S.*

*Vishva S Nandu* (sign)  
FLP RA Services LLC

**ARTICLE IV.**  
**Area of Practice**

The area of professional service of the Company is limited to the practice of medicine.

**ARTICLE V.**  
**Authorized Members and Managers**

The Name and Address of each person authorized to manage and control the Professional Limited Liability Company:

<b><u>Title</u></b>	<b><u>Name and Address</u></b>
<b>AMBR = Authorized Member MGR = Manager</b>	
<u>MGR</u>	Michael Massey 2595 Tampa Road, Suite U, Palm Harbor, FL 34684
<u>MGR</u>	Hera Massey 2595 Tampa Road, Suite U, Palm Harbor, FL 34684

**ARTICLE VI.**

The Effective date shall be the date of filing.

 (sign)

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

Michael Massey  
Authorized Representative/Member