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1201 HAYS STREET

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PREMIER HALL
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 150351 5011226

AUTHORIZATION :

Patricia Pizant

COST LIMIT : \$ 337.50

STATE
DIVISION OF
CORPORATION

NOV 12 PM 2:08

FILED

ORDER DATE : November 11, 1996

ORDER TIME : 9:43 AM

ORDER NO. : 150351-005

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CUSTOMER NO: 5011226

CUSTOMER: Barbara Buchanan, Legal Asst
GRAY HARRIS & ROBINSON

S.e. Bank Building, Suite 1200
201 E. Pine Street
Orlando, FL 32801

DOMESTIC FILING

NAME: LAKE COUNTY PAIN CENTER, L.C.

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
☒ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☒ CERTIFIED COPY
☐ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Thelmon Washington

EXAMINER'S INITIALS:

DIVISION OF
CORPORATION

NOV 12 PM 8:14

RECEIVED

NOV 12 1996

ARTICLES OF ORGANIZATION
OF
LAKE COUNTY PAIN CENTER, L.C.

FILED
95 NOV 12 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, desiring to form a limited liability company pursuant to the provisions of the Florida Limited Liability Company Act, Chapter 608 of the Florida Statutes (the "Act") hereby adopt the following Articles of Organization:

1. Name. The name of the limited liability company is LAKE COUNTY PAIN CENTER, L.C. (the "Company").
2. Mailing Address and Principal Office. The mailing address and principal business office of the Company within the State of Florida shall be 632 E. 5th Avenue, Mount Dora, Florida 32757.
3. Duration. The existence of the Company shall commence on the date of the filing of these Articles of Organization with the Florida Department of State, and it shall remain in existence until the first to occur of the following:
 - (a) December 31, 2050;
 - (b) Dissolution of the Company pursuant to the terms of the Operating Agreement between its Members; or
 - (c) Dissolution of the Company pursuant to the Act.
4. Purpose. Subject to the terms of the Operating Agreement between its Members, the purpose for which the Company is organized is to engage in any and all lawful business

activities for which limited liability companies may be organized under the Act.

5. Admittance of New Members and Transfer of Interests.

No Member shall sell or otherwise transfer such Member's Interest to an existing Member or to a New Member without first obtaining the unanimous written consent of the remaining Members. New Members that are not transferees of an Interest may be admitted only upon the unanimous consent, in writing, of all of the Members.

6. Registered Agent. The name of the initial registered agent of the Company shall be Linda Comfort, whose address is 632 E. 5th Avenue, Mount Dora, Florida 32757.

7. Management. The Company is to be managed by Managers who shall be elected in accordance with the terms of the Operating Agreement and the Company's Regulations, and who shall have such responsibilities as provided therein. The names and addresses of the persons who shall serve as the Managers of the Company until the first annual meeting of Members, or until (whichever is earlier) their successors are elected and qualified, are as follows:

- (a) James Carlsen, M.D.
341 North Maitland Avenue, Suite 280
Maitland, Florida 32751
- (b) Brian D. Jager, M.D.
341 North Maitland Avenue, Suite 280
Maitland, Florida 32751
- (c) Joseph A. Comfort, Jr., M.D.
632 E. 5th Avenue
Mount Dora, Florida 32757

(d) Linda Comfort
632 East 5th Avenue
Mount Dora, Florida 32757

The authority of the Managers, or any of them, to bind the Company is limited by the provisions of its Regulations and the terms of the Operating Agreement between the Members.

8. Continuity of Business. Upon the death of Joseph A. Comfort, Jr., M.D. or the resignation, expulsion, withdrawal, bankruptcy or dissolution of a Member, the Company shall be dissolved unless, within ninety (90) days of such event, all the remaining Members of the Company consent, in writing, to continue the business of the Company, and there are at least two remaining Members.

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned authorized representatives of the Members of the Company hereby depose and say:

1. The Company has at least two Members.
2. The total amount of cash and the value of property initially contributed and anticipated to be contributed by the Members is Twelve Thousand and No/100 Dollars (\$12,000.00).

IN WITNESS WHEREOF, the undersigned have executed these

Articles of Organization and Affidavit of Membership and
Contributions this 4 day of November, 1996.

THE JOSEPH L. RILEY
ANESTHESIA ASSOCIATES, P.A.

By:

Kevin P. Thoni, M.D.,
President

JOSEPH ALBERT COMFORT, JR., M.D., P.A.

By:

Joseph A. Comfort, Jr., M.D.
President

STATE OF FLORIDA
COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this
4th day of November, 1996, by Kevin P. Thoni, M.D., as
President of The Joseph L. Riley Anesthesia Associates, P.A.

Lynette L. Block
Signature of Notary Public

AFFIX NOTARY STAMP

(Print Notary Name)
My Commission Expires
Commission No. 0004221008
LYNETTE L. BLOCK
My Commission CC322264
Expires Dec. 03, 1997
Bonded by HAI

☒ Personally known, or
☐ Produced Identification
Type of Identification Produced:

STATE OF FLORIDA
COUNTY OF LAKE

The foregoing instrument was acknowledged before me this
29 day of October, 1996, by Joseph A. Comfort, Jr., M.D.,
as President of Joseph Albert Comfort, Jr., M.D., P.A.

Debbie M Hiers
Signature of Notary Public

Debbie M Hiers
(Print Notary Name)

My Commission Expires: 8-21-98

Commission No.: CC402008

AFFIX NOTARY STAMP



DEBBIE M HIER
My Commission CC402008
Expires Aug. 21, 1998
Bonded by NAJ
800-482-1888

- ☒ Personally known, or
☐ Produced Identification
Type of Identification Produced:

ACCEPTANCE BY REGISTERED AGENT

Having been appointed as Registered Agent and to accept service of process for Lake County Pain Center, L.C., the undersigned accepts such appointment, agrees to act in such capacity, and is familiar with and agrees to accept the obligations imposed by Florida Statutes Section 608.415.

DATED: November 4, 1996.

By:


Linda Comfort

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA