

Document Number Only

L980000000642

CF Corporation System

Requestor's Name
660 East Jefferson Street

Address
Tallahassee, FL 32310 222-1092

City State Zip Phone

CORPORATION(S) NAME

200002526792-1
-05/18/98-01036-017
***285.00 ***285.00

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
98 MAY 18 PM 3:41

Surgery and Pain Center of Tampa Management, LLC

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| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input checked="" type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of R.A. |
| <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC-1 Financing Statement | <input type="checkbox"/> UCC-3 Filing |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input checked="" type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 MAY 18 PM 3:11

May 18, 1998

C T CORPORATION SYSTEM

TALLAHASSEE, FL

SUBJECT: SURGERY AND PAIN CENTER OF TAMPA MANAGEMENT, L.L.C.
Ref. Number: W98000011287

We have received your document for SURGERY AND PAIN CENTER OF TAMPA MANAGEMENT, L.L.C. and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$285.00 payment.

Article 3 states a PRINCIPAL OFFICE ADDRESS. A MAILING ADDRESS must also be stated.

The AFFIDAVIT must list THREE MONEY AMOUNTS. It must list the amount of cash contributed by the members to date. It must list the amount of non-cash property contributed by the members to date. (If this amount is "ZERO," the affidavit must state that.) And last of all, the AFFIDAVIT must state the TOTAL AMOUNT OF CASH AND PROPERTY ANTICIPATED TO BE CONTRIBUTED by the members.

ALSO, we want to call your attention to the statutes covering PROFESSIONAL LIMITED LIABILITY COMPANIES. We have attached a copy of these statutes. SURGERY AND PAIN CENTER OF TAMPA MANAGEMENT, L.C. may wish to register as a regular limited liability company. But if it wishes to register as a PROFESSIONAL LIMITED LIABILITY COMPANY, there will be some additional requirements. They'll have to use a different suffix, and the ARTICLES will have to include a description of the specific nature of the practice.

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) 487-6914.

Buck Kohr
Corporate Specialist

Letter Number: 598A00027634

SURGERY AND PAIN CENTER OF TAMPA MANAGEMENT, L.L.C.

ARTICLES OF ORGANIZATION

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAY 18 PM 3:41

Pursuant to the provisions of the Florida Limited Liability Company Act, enacted as Florida Statutes Section 608.401 through Section 608.514, inclusive (the "Act"), the undersigned hereby certifies as follows:

1. Name of the Limited Liability Company. The name of the limited liability company formed hereby (the "LLC") is Surgery and Pain Center of Tampa Management, L.L.C.
2. Period of Duration. The existence of the LLC shall continue until the date which is fifty (50) years from the date of the filing of these Articles unless the LLC is dissolved prior to that time by (a) the sale or other disposition of all or substantially all of the assets of the LLC; (b) the written election of all of the Managers and all of the Members; (c) consolidation or merger of the LLC with or into any entity unless (i) the LLC is the resulting or surviving entity, or (ii) all of the Managers and two-thirds of each class of Members, by interest, otherwise approve; (d) entry of a decree of judicial dissolution; or (e) the LLC having fewer than two (2) Members.
3. Principal Office of the Limited Liability Company. The address of the principal office of the LLC is 4700 N. Habana Avenue, Suite 601, Tampa, FL 33614. Also mailing address.
4. Name and Address of Initial Registered Agent. The name and address of the initial registered agent of the LLC are Gregory Flynn, M.D., 4700 N. Habana Avenue, Suite 601, Tampa, FL 33614.
5. Right to Admit Additional Members. Interests in the LLC may be issued to additional Members with the written consent of all of the Managers and two-thirds of each class of Members, by interest.
6. Right to Continue Business of the Limited Liability Company. If the Managers do not elect to dissolve the LLC within ninety (90) days after the bankruptcy, death, dissolution, expulsion, incapacity or withdrawal of any Member of the LLC, then the LLC shall not be dissolved by reason of such event and its affairs shall not be wound up, and it shall remain in existence as a limited liability company under the laws of the State of Florida.
7. Management of the Limited Liability Company. The management of the LLC shall be vested in managers. The names and addresses of the initial managers of the LLC are:

Gregory Flynn, M.D.
4700 N. Habana Avenue, Suite 601
Tampa, FL 33614

Thomas J. Bombardier, M.D.
555 Kennedy Road
Leeds, MA 01053

8. Affidavit of Membership and Capital Contributions. In accordance with the provisions of Section 608.407(2) of the Act, attached hereto and made a part hereof is an affidavit declaring that the LLC has at least two (2) Members and setting forth the amount of cash contributed by the Members and the amount anticipated to be contributed by the Members.

IN WITNESS WHEREOF, the undersigned hereby affirms under the penalties of perjury that the facts stated herein are true, this 5th day of May, 1998.

Gregory T. Flynn MD
Gregory Flynn, M.D., Member

REGISTERED AGENT ACCEPTANCE

Having been named as registered agent and to accept service of process for the above stated limited liability company at the address designated in this certificate pursuant to the provisions of Section 608.415, Florida Statutes, 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.

Date: _____

5/5/98


Gregory T. Flynn MD
Gregory Flynn, M.D.

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AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned Member of Surgery and Pain Center of Tampa Management, L.L.C., limited liability company to be formed pursuant to the laws of the State of Florida (the "LLC"), Gregory Flynn, M.D., being first duly sworn, deposes and says:

1. the above named limited liability company has at least two members;
2. the total amount of cash contributed by the member(s) is \$ 0;
3. if any, the agreed value of property other than cash contributed is \$ 0;
4. That the LLC shall be capitalized with a total of seven hundred sixty-seven thousand six hundred forty-seven and 06/100 dollars (\$767,647.06) in response to five (5) equal capital calls to be made in the discretion of the LLC's Managers.



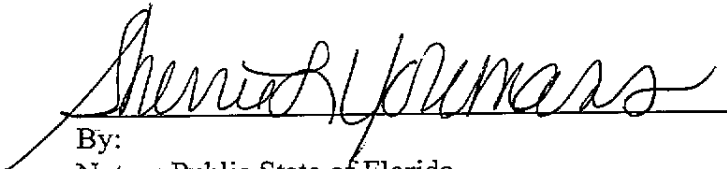
Gregory Flynn, M.D., Member

STATE OF FLORIDA)
COUNTY OF)

The foregoing instrument was acknowledged before me this 5th day of May, 1998 by Gregory Flynn, M.D., who is personally known to me or who has produced _____ as identification and who did (did not) take an oath.



SHERRIE L. YOUMANS
My Comm Exp. 9/19/99
Bonded By Service Ins
No. CC496531
☒ Personally Known ☐ Other I.D.



By:
Notary Public State of Florida
My commission expires:
My commission number is: