

L9900000054



THE UNITED STATES  
CORPORATION  
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 088059 4343687

AUTHORIZATION :

COST LIMIT : \$ PPD

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 JAN -5 PM 4: 08

ORDER DATE : January 5, 1999

ORDER TIME : 1:03 PM

ORDER NO. : 088059-005

CUSTOMER NO: 4343687

CUSTOMER: Alan S. Gassman, Esq  
GASSMAN & CONETTA, P.A.  
GASSMAN & CONETTA, P.A.  
Suite 102  
1245 Court Street  
Clearwater, FL 33756

L99-54  
0215  
W. P. Verifier

DOMESTIC FILING

NAME: ARTHRITIS CENTER OF PINELLAS  
AND PASCO, L.L.C.

700002731017-- 9  
-01/06/99--01001--003  
\*\*\*\*285.00 \*\*\*\*285.00

EFFECTIVE DATE: 010499

ARTICLES OF INCORPORATION  
XX CERTIFICATE OF LIMITED LIABILITY COMPANY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janice Vanderslice

EXAMINER'S INITIALS:

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Fax Audit #: \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
OF  
ARTHRITIS CENTER OF PINELLAS AND PASCO, L.L.C.  
a Florida Limited Liability Company**

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**ARTICLE I  
NAME**

The name of this Limited Liability Company is ARTHRITIS CENTER OF PINELLAS AND PASCO, L.L.C. (the "Company").

**ARTICLE II  
ADDRESS**

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

32615 U. S. Highway 19 North  
Suite 2  
Palm Harbor, FL 34684

**ARTICLE III  
DURATION**

The Company's existence shall commence on the 4th day of January, 1999 and shall continue until dissolved or until the occurrence of any one of the following events: the death, retirement, resignation, expulsion, bankruptcy, or dissolution of any member of the Company or upon the occurrence of any other event which terminates the continued membership of a member in the Company, unless the existence and business of the Company is continued by consent of all remaining members.

Alan S. Gassman, Esquire  
1245 Court Street, Suite 102  
Clearwater, FL 33756  
(813) 442-1200  
Florida Bar # 371750

Fax Audit #: \_\_\_\_\_

#### **ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by a manager and the name and address of such manager who is to serve as manager is:

ANTHONY I. SEBBA, M.D., P.A.  
32615 U. S. Highway 19 North  
Suite 2  
Palm Harbor, FL 34684

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#### **ARTICLE V ADMISSION OF NEW MEMBERS**

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

The members shall have the right to admit new members to the Company. New members may come into the Company only upon the agreement of those members owning at least one hundred percent (100%) of the interest in the Company and upon such terms and conditions as the existing members may unanimously agree.

#### **ARTICLE VI MEMBERS RIGHTS TO CONTINUE BUSINESS**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company.

Alan S. Gassman, Esquire  
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Fax Audit #: \_\_\_\_\_

**ARTICLE VII  
AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS**

The undersigned member or authorized representative of a member of ARTHRITIS CENTER OF PINELLAS AND PASCO, L.L.C. certifies:

- 1) The above named limited liability company has at least one member.
- 2) The total amount of cash contributed by each member is: \$100.00
- 3) The total amount of cash and property contributed and anticipated to be contributed by each member is: \$100.00

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AUTHORIZED REPRESENTATIVE  
OF MEMBER ARTHRITIS CENTER OF  
PINELLAS AND PASCO, L.L.C.



ALAN S. GASSMAN

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)



ALAN S. GASSMAN

STATE OF FLORIDA       )  
COUNTY OF PINELLAS    )

The foregoing instrument was acknowledged before me this 4th day of January, 1999, by ALAN S. GASSMAN, as Authorized Representative of ARTHRITIS CENTER OF PINELLAS AND PASCO, L.L.C., who is personally known to me.

Alan S. Gassman, Esquire  
1245 Court Street, Suite 102  
Clearwater, FL 33756  
(813) 442-1200  
Florida Bar # 371750

Fax Audit #: \_\_\_\_\_

Witness my hand and official seal in the county and state last aforesaid on the day and year first written above.



Ellen M. Tischio  
Notary Public, State of Florida  
My Commission Expires:

### ACCEPTANCE OF REGISTERED AGENT

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a Registered Office and Registered Agent in the State of Florida:

The name of the Limited Liability Company is: ARTHRITIS CENTER OF PINELLAS AND PASCO, L.L.C.

The name and Florida street address of the Registered Agent are:

Alan S. Gassman, Esquire  
1245 Court Street  
Suite 102  
Clearwater, Florida 33756

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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.

 (SEAL)  
ALAN S. GASSMAN, ESQUIRE

J:\LOWENSTEIN\LLC\LLC.ART  
JAN 12-30-98

Alan S. Gassman, Esquire  
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