

L990000006924
ALTAMONTE
PAIN & WELLNESS
CENTER

October 20, 1999

000002913180

6/23/99 01054--015

*** 1210.00 *** 285.00

Mr. Michael Mays
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Reference: Altamonte Pain & Wellness Centers, L.C.

Dear Mr. Mays,

Per our conversation and the changes in the law, I am returning the original "Articles of Organization of Altamonte Pain & Wellness Center, L.C. as requested.

Article IV encompasses the statement requiring clarification of who will manage the company. Article IV states "the members of the organization".

I have provided two (2) additional copies in case they are need for processing on your end. In addition to our conversation, you stated that there was no refilling/clarification fees. If you have any questions or are in need of additional information, do not hesitate to call the office at (407) 260-5040.

Respectfully,
Altamonte Pain & Wellness Center, L.C.

Pamela J. Jaques

Pamela J. Jaques

93 OCT 21 PM 10:45
SECRETARY OF STATE
FILED

unth
10/21



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 28, 1999

NANCY MCMICHAEL
455 DOUGLAS AVE., STE 1455
ALTAMONTE SPRINGS, FL 32714

SUBJECT: ALTAMONTE PAIN & WELLNESS CENTER, L.C.
Ref. Number: W99000015001

We have received your document for ALTAMONTE PAIN & WELLNESS CENTER, L.C. and your check(s) totaling \$1210.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

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) 487-6097.

Michael Mays
Document Specialist

Letter Number: 899A00034102

CO (10/21) PM 10:45

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
OF
ALTAMONTE PAIN & WELLNESS CENTER, L.C.

The undersigned organizer, for the purpose of forming a Limited Liability Company under the Florida Limited Liability Companies Act, Chapter 608, Florida Statutes, hereby adopts the following Articles of Organization.

ARTICLE I: NAME.

The name of the Limited Liability Company shall be: Altamonte Pain & Wellness Center, L.C.

The principal street address, mailing address and place of business of this company shall be 258 E. Altamonte Dr., Altamonte Springs, Florida 32714.

ARTICLE II: NATURE OF BUSINESS.

The company may engage in or transact any or all lawful activities of business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation; and specifically for rendering medical services.

ARTICLE III: TERM OF EXISTENCE.

This organization is to exist perpetually.

ARTICLE IV: EXERCISE OF COMPANY POWERS.

All company powers shall be exercised by or under the authority of, and the business and affairs of the company shall be managed by or under the direction of, the members of the organization.

ARTICLE V: ISSUANCE OF STOCK

The stock of this company shall be held 99% by PhyMed Partners, L.C. and 1% by PhyMed Partners, Inc.

FILED
SECRETARY OF STATE
JAN 11 2011
TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, the undersigned has executed these Articles
of Organization this June 10, 1999.

Signature of Organizer

J. M. Michalski

FILED
SECRETARY OF STATE
JUN 11 1999
94-010 17-0005

STATE OF FLORIDA
COUNTY OF SEMINOLE

THE FOREGOING instrument was acknowledged and sworn to before me
this 10th day of June, 1999.

Notary Public

Dana Shea Cirelli

My Commission Expires:



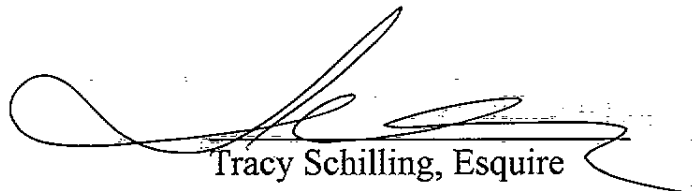
CC 001 01 PM10:46

FILED
SECRETARY OF STATE


ACCEPTANCE OF REGISTERED AGENT

I, Tracy Schilling, Esquire hereby accept the title of register agent for
Altamonte Pain & Wellness Center, L.C.

Said service shall be made on me at 445 Douglas Ave, Suite 2005-22,
Altamonte Springs, Florida 32714. My business phone number is
(407) 869-8829..


Tracy Schilling, Esquire

Sworn and subscribed to me this 10th day of June, 1999.


Notary Public

My Commission Expires:



99 OCT 21 PM 10:46

FILED
NOTARY PUBLIC
DANA SHEA CIRELLI

STATE OF FLORIDA
COUNTY OF SEMINOLE

AFFIDAVIT OF LAMAR MCMICHAEL

BEFORE ME, this day, personally appeared Lamar McMichael, who is well know to me and known to be the person who executed the following affidavit, and who, after being first duly sworn, deposes and says:

1. Mr. McMichael is over the age of 18, and has personal knowledge of the facts and circumstances as hereinafter set forth and contained.
2. The Limited Liability company known as Altamonte Pain & Wellness Center, L.C. has at least two members.
3. The amount of cash, a description and agreed value of property other than cash contributed by the members is as follows:
 - a.) cash contributed: \$ _____
 - b.) property other than cash and the agreed upon value of said property: _____
4. The amount anticipated to be contributed by the members is undetermined at this time.

FURTHER AFFIANT SAYETH NAUGHT.



Lamar McMichael

FILED
SECRETARY OF STATE
JUL 21 11:04:46

Sworn to and subscribed before me
this 10th day of June, 1999.

Dana S. Cirielli
Notary Public, State of Florida

My Commission Expires:

Personally know to me ✓
Type identification produced _____



95 OCT 21 PM 10:46
SECRET
FILED