

L99000008502

November 29, 1999

Florida Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

100003056841--3  
-11/30/99--01046--003  
\*\*\*\*155.00 \*\*\*\*155.00

Reference: Hunters Creek Pain & Wellness Center, LC

To Whom It May Concern:

I have enclosed the original set of Articles and two (2) photocopies for your processing convenience.

The fees enclosed should cover receiving a CERTIFIED COPY of the articles. I have enclosed a self addressed postage paid envelope. If you have any questions or are in need of additional information, please do not hesitate to call 407-260-8370.

Respectfully,

Nancy McMichael

Phymed Partners, Inc.  
455 Douglas Ave., Ste. 1455  
Altamonte Springs, FL 32714

FILED  
99 NOV 30 AM 10:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JP-7-99

**ARTICLES OF ORGANIZATION  
OF  
HUNTERS CREEK 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: Hunters Creek Pain & Wellness Center, L.C.

The principal street address, mailing address and place of business of this company shall be 14050 Town Loop Blvd., Suite 105-4, Orlando, Florida 32827.

**ARTICLE II: NATURE OF BUSINESS.**

The company may engage in or transact any or all lawful activities or 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.**

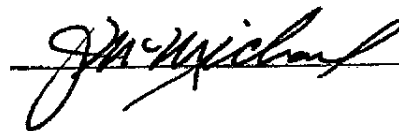
This organization is to exist perpetually.

**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.

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

Signature of Organizer



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TALLAHASSEE, FLORIDA

STATE OF FLORIDA  
COUNTY OF SEMINOLE

THE FOREGOING instrument was acknowledged and sworn to before me this 23  
day of November, 1999.

Notary Public Dana Shea Cirelli

My Commission Expires:



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TALLAHASSEE, FLORIDA

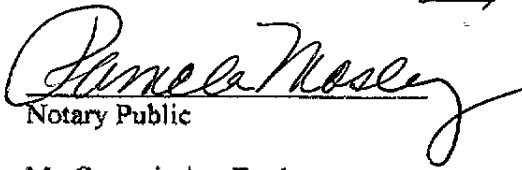
ACCEPTANCE OF REGISTERED AGENT

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

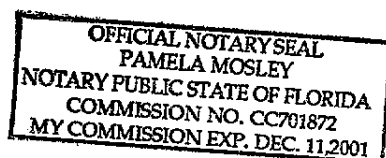
Said service shall be made on me at 445 Douglas Ave, Suite 2005-12, Altamonte  
Springs, Florida 32714. My business phone number is (407) 869-8829.

  
Tracy Schilling, Esquire

Sworn and subscribed to me this 23 day of June, 1999.

  
Notary Public

My Commission Expires:



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