

M13000003538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

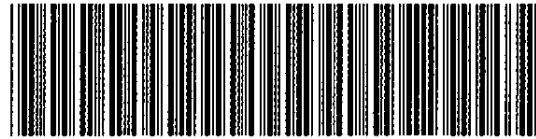
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
13 JUN - 5 AM 11:00



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 675488 7161432
AUTHORIZATION : *[Handwritten Signature]*
COST LIMIT : \$ 160.00

ORDER DATE : June 5, 2013
ORDER TIME : 10:28 AM
ORDER NO. : 675488-005
CUSTOMER NO: 7161432

FOREIGN FILINGS

NAME: SCHOTTENSTEIN PAIN & NEURO,
PLLC

XXXX QUALIFICATION (TYPE: PLL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX _____ CERTIFIED COPY
_____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER: _____

CR2E027 (9/10)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SCHOTTENSTEIN PAIN & NEURO, PLLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Michael L. Gurman

Name of Person

Abrams Fensterman et. al.

Firm/Company

1111 Marcus Ave., Suite 107

Address

Lake Success, NY 11042

City/State and Zip Code

mgurman@abramslaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Gurman at 516 328-2300

Name of Person

Area Code & Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTIONS BUSINESS IN THE STATE OF FLORIDA:

1. SCHOTTENSTEIN PAIN & NEURO, PLLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written
consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability
Company," "L.L.C.," "LLC.")

2. New York

(Jurisdiction under the law of which foreign limited liability
company is organized)

3.

(PEI number, if applicable)

4. 11/18/2008

(Date of Organization)

5.

Perpetual

(Duration: Year limited liability company will cease to
exist or "perpetual")

6. September 1, 2013

(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 P.S. to determine penalty liability)

7. 18 East 48th Street, Suite 901

New York, NY 10017

(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here

9. The name and usual business addresses of the managing members or managers are as follows:

Douglas C. Schottenstein, M.D., Member

18 East 48th Street, Suite 901

New York, NY 10017

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in
the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: _____

practice the profession of medicine and to engage in any other lawful act or activity

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), P.S., the execution of this document constitutes an affirmation under the
penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a
document to the Department of State constitutes a third-degree felony as provided for in s.817.155, P.S.)

Douglas C. Schottenstein, M.D.

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 JUN -5 AM 9:44

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

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.

1. The name of the Limited Liability Company is:

SCHOTTENSTEIN PAIN & NEURO, PLLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

Corporation Service Company

(Name)

1201 Hays Street

Florida Street Address (P.O. Box NOT ACCEPTABLE)

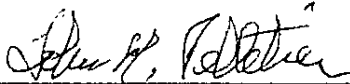
Tallahassee

FL

32301

City/State/Zip

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 as provided for in Chapter 608, Florida Statutes.



(Signature)

JOHN H. PELLETIER

ASST. VICE PRESIDENT

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

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2013 JUN -5 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**State of New York
Department of State } ss:**

I hereby certify, that SCHOTTENSTEIN PAIN & NEURO, PLLC a NEW YORK Professional Service Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 11/18/2008, and that Professional Service Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Certificate of Publication of SCHOTTENSTEIN PAIN & NEURO, PLLC was filed on 01/28/2009.

A Biennial Statement was filed 10/18/2010.

The Biennial Statement is past due.

I further certify, that no other documents have been filed by such Professional Service Limited Liability Company.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 25th day of April
two thousand and thirteen.*

Daniel Shapiro
Special Deputy Secretary of State