

P060000130570

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000250264 3)))



H060002502643ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)205-0381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
Account Number : I20000000146  
Phone : (305)444-4994  
Fax Number : (305)444-4977

FILED  
06 OCT 12 AM 11:06  
SERIALS SECTION  
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

TOTAL PAIN MANAGEMENT CLINIC, CORP.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

10/12/06  
SPT

((H06000250264)))

FILED  
06 OCT 12 AM 11:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

TOTAL PAIN MANAGEMENT CLINIC, CORP.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

485 NW 135 ST  
NORTH MIAMI, FL 33168

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

HEALTH CARE CENTER

**ARTICLE IV SHARES**

The number of shares of stock is:

500 SHARES TO \$1.00 EACH

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

PEDRO SALCEDO, AS PRESIDENT (50%)  
485 NW 135 STREET  
NORTH MIAMI, FL 33168

MARIA T. RAFAELLY, AS VICE PRESIDENT (50%)  
1100 SW 104 CT #103  
MIAMI, FL 33174

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

PEDRO SALCEDO  
485 NW 135 STREET  
NORTH MIAMI, FL 33168

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

MARIA T. RAFAELLY  
1100 SW 104 CT. #103  
MIAMI, FL 33174

\*\*\*\*\*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

\* Pedro Salcedo  
Signature/Registered Agent

10/11/2006  
Date

\* [Signature]  
Signature/Incorporator

10/11/2006  
Date