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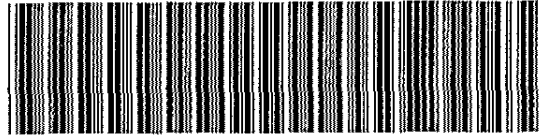
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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

November 5, 2004

STEVE LETKOVITZ  
744 MERRIMAN RD  
AKRON, OH 44303

SUBJECT: PAIN MANAGEMENT TECHNOLOGIES INC  
Ref. Number: W04000040727

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We have received your document for PAIN MANAGEMENT TECHNOLOGIES INC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$78.75.

There is a balance due of \$78.75.

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) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 104A00063589

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Pain Management Technologies Inc  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Steve Letkavitz

(Name of Person)

Pain Management Technologies Inc

(Firm/Company)

744 Merriman Rd Akron OH 44303

(Address)

(City/State and Zip code)

For further information concerning this matter, please call:

Steve Letkavitz

(Name of Person)

at (330) 328-7474

(Area Code & Daytime Telephone Number)

### STREET ADDRESS:

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

### MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☒ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

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TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Pain Management Technologies Inc  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. OHIO 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. Oct 19 1991 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502 F.S. to determine penalty liability)

7. 24430 Penny Royal Dr. (After Dec 15th 04)  
(Principal office address)

744 Merriman Rd Akron OH 44303 (until Dec 15 04)  
(Current mailing address)

8. medical sales  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Steve Letkovitz

Office Address: 24430 Penny Royal Dr.  
Bonita Springs, Florida 34134  
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Signature]  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Steve Letkovitz

Address: B 24430 Pennyroyal Dr.  
Bonita Springs FL 34134

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: Steve Letkovitz

Address: 24430 Pennyroyal Dr.  
Bonita Springs FL 34134.

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Steve Letkovitz

Address: 24430 Pennyroyal Dr.

Treasurer: Bonita Springs FL 34134.

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. A. Letkovitz  
(Signature of Director or Officer listed in number 12 of the application)

14. Steve Letkovitz  
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

**United States of America  
State of Ohio  
Office of the Secretary of State**

*I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show PAIN MANAGEMENT TECHNOLOGIES, INC., an Ohio corporation, Charter No.*

*805660, having its principal location in Akron, County of Summit, was incorporated on October 21, 1991 and is currently in GOOD STANDING upon the records of this office.*



*Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 26th day of October, A.D. 2004*

*J. Kenneth Blackwell*

Ohio Secretary of State