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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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06 MAR -6 PM 3:31
CLERK OF STATE
DIVISION OF CORPORATIONS

B. McKnight MAR 07 2006

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Pain Centers. Nationwide, PC

(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:

Paul A. Pannozzo, M.D.

(Name of Person)

Pain Centers. Nationwide, PC

(Firm/Company)

8877 W. Union Hills Dr., Ste. 200

(Address)

Peoria, Arizona 85382

(City/State and Zip code)

For further information concerning this matter, please call:

Paul A. Pannozzo, M.D.

(Name of Person)

at (623) 776 8686

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

New Filing 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

**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 Centers. Nationwide, PC**

(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. **Arizona**

(State or country under the law of which it is incorporated)

3.

(FEI number, if applicable)

4. **March 23, 2003**

(Date of incorporation)

5.

Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. **April 1, 2006 (projected)**

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

7. **16244 S. Military Tr., Ste. 740 Delray Beach, FL 33484**

(Principal office address)

8877 W. Union Hills Dr., Ste. 200 Peoria, Arizona 85382

(Current mailing address)

8. **Medical Services**

(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: **Pamela Pannozzo**

Office Address: **8649 Rosalie Ct.**

Boynton Beach

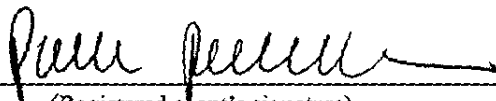
(City)

, Florida **33437**

(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.



(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: Paul A. Pannozzo, M.D.

Address: _____

Vice Chairman: _____

Address: _____

Director: Anthony N. Pannozzo, M.D.

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Paul A. Pannozzo, M.D.

Address: _____

Vice President: _____

Address: _____

Secretary: Anthony N. Pannozzo, M.D.

Address: _____

Treasurer: _____

Address: _____

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

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. Paul A. Pannozzo, M.D., President

(Typed or printed name and capacity of person signing application)

FD-10
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

To all to whom these presents shall come, greeting:

I, Brian C. McNeil, Executive Director of the Arizona Corporation Commission, do hereby certify that

PAIN CENTERS. NATIONWIDE PC

a domestic corporation organized under the laws of the State of Arizona, did incorporate on March 26, 2003.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said corporation is not administratively dissolved for failure to comply with the provisions of the Arizona Business Corporation Act; and that its most recent Annual Report, subject to the provisions of A.R.S. sections 10-122, 10-123, 10-125 & 10-1622, has been delivered to the Arizona Corporation Commission for filing; and that the said corporation has not filed Articles of Dissolution as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 16th Day of February, 2006, A. D.



EXECUTIVE SECRETARY

BY:

Gvonne Contreras

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SECRETARY OF STATE
DIVISION OF CORPORATIONS