

8/24/2020

Division of Corporations

H2000292363 3

Florida Department of State
Division of Corporations
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.

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Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
PROSPIRA PAINCARE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$870.00

Electronic Filing Menu

Corporate Filing Menu

Help

Aug 24 2020

H20000292363 3

H20000292363 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Prospira PainCare, 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," or "Certificate of Good Standing" 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:

Ron Fleming

Name of Person

Prospira PainCare, Inc.

Firm/Company

880 Holcomb Bridge Road, Bldg C, Ste 200

Address

Roswell, Georgia 30076

City/State and Zip code

Ron.Fleming@ProspiraPC.com

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

For further information concerning this matter, please call:

Ron Fleming

at (678) 841-7103

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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

H20000292363 3

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. Prospira PainCare, Inc.
(Enter name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")
2. Delaware 3. 45-5288103
(State or country under the law of which it is incorporated) (FEL number, if applicable)
4. April 17, 2012 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. March 12, 2018
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 880 Holcomb Bridge Road, Bldg C, Ste 200, Roswell, Georgia 30076
(Principal office street address)
880 Holcomb Bridge Road, Bldg C, Ste 200, Roswell, Georgia 30076
(Current mailing address, if different)

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

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

9. 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.

Corporation Service Company
By: _____

(Registered agent's signature)

10. 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.

A. DIRECTORS

H20000292363 3

☒ Chairman Name: Kevin Miller
☐ Vice Chairman Address: 880 Holcomb Bridge Road
☒ Director Building C, Suite 200
☐ President Roswell, Georgia 30076
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Joseph Mallas
☐ Vice Chairman Address: 880 Holcomb Bridge Road
☒ Director Building C, Suite 200
☒ President Roswell, Georgia 30076
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Ron Fleming
☐ Vice Chairman Address: 880 Holcomb Bridge Road
☐ Director Building C, Suite 200
☐ President Roswell, Georgia 30076
☐ Vice President _____
☒ Secretary _____ ☒ Treasurer _____
☐ Other _____ ☐ Other _____

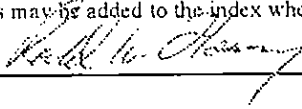
☐ Chairman Name: Adam Sackstein, M.D.
☐ Vice Chairman Address: 880 Holcomb Bridge Road
☒ Director Building C, Suite 200
☐ President Roswell, Georgia 30076
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Mark Garvin
☐ Vice Chairman Address: 880 Holcomb Bridge Road
☒ Director Building C, Suite 200
☐ President Roswell, Georgia 30076
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: David Malm
☐ Vice Chairman Address: 880 Holcomb Bridge Road
☒ Director Building C, Suite 200
☐ President Roswell, Georgia 30076
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12.



Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13.

Ron Fleming, Treasurer and Secretary

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

H20000292363 3

H20000292363 3

**ATTACHMENT TO
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

Prospira PainCare, Inc.

☐ Chairman Name: Malcolm Kostuchenko

☐ Vice Chairman Address: 880 Holcomb Bridge Road

☒ Director Building C, Suite 200

☐ President Roswell, Georgia 30076

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

-H20000292363 3

H20000292363 3

**ATTACHMENT TO
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

Prospira PainCare, Inc.

☐ Chairman Name: Malcolm Kostuchenko

☐ Vice Chairman Address: 880 Holcomb Bridge Road

☒ Director Building C, Suite 200

☐ President Roswell, Georgia 30076

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

H20000292363 3

H20000292363 3

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PROSPIRA PAINCARE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROSPIRA PAINCARE, INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF APRIL, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

5140935 8300

SR# 20206860175

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203509367

Date: 08-20-20

H20000292363 3