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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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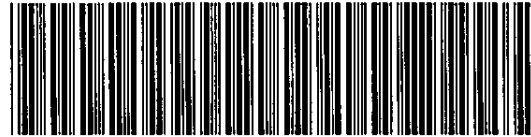
(Business Entity Name)

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TALLAHASSEE FLORIDA
SECRETARY OF STATE

me 8/11/16

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: THE PENNSYLVANIA PAIN SOCIETY INC.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: ROBIN L. HOYLE ESQ.
Name (Printed or typed)

6800 GULFPORT BLVD SUITE 201-212
Address

South Pasadena, FL 33707
City, State & Zip

727-350-1522
Daytime Telephone number

robin@robinhoyle.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ELH

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: The Pennsylvania Pain Society Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

6800 Gulfport Blvd.

Suite 201-212

South Pasadena, FL 33707

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To Advance the Art and Science of Pain Medicine by Promoting and Maintaining the Highest Standards of Professional Practice.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: as stated in Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bruce Nicholson MD, President

Address: 1240 S. Cedar Crest Blvd. #307

Allentown, PA 18103

Name and Title: Katherine Galluzzi DO, Secretary

Address: 4190 City Ave. #319

Philadelphia, PA 19131

Name and Title: Vitaly Gordin MD, Vice President

Address: 500 University Drive, Box 850

Hershey, PA 17033

Name and Title: Yeshvant Naval Gund MD, Treasurer

Address: 1275 South Main St. #103

Greensburg, PA 15601

Name and Title: Rishin Patel MD, Director

Address: 700 East Township Line Rd.

Havertown, PA 19083

Name and Title: David Simmons DO, Director

Address: 1575 Highlands Drive

Lititz, PA 17543

YH

Name and Title: Jennifer Stephens DO, Director

Address: 3080 Hamilton Blvd. #350
Allentown, PA 18103

Name and Title: Robin L. Hoyle, Esq. Executive Director

Address: 6800 Gulfport Blvd.
Suite 201-212
South Pasadena, FL 33707

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Robin L. Hoyle Esq.

Address: 11320 4th Street East
Treasure Island, FL 33706

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Robin L. Hoyle Esq.

Address: 11320 4th Street East
Treasure Island, FL 33706

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: August 1, 2016. (OPTIONAL.)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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




Required Signature of Registered Agent

July 31, 2016

Date

I submit this document and affirm 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, F.S.



Required Signature of Incorporator

July 31, 2016

Date

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STATE OF FLORIDA
TALLAHASSEE