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TRANSMITTAL LETTER

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

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-01/20/98--01094--001  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

**SUBJECT:** Dade County Pain Society, Inc.  
(Proposed corporate name - must include suffix)

2

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

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

**FROM:** Albert Zbik, Psy.D.  
Name (Printed or typed)  
9380 S.W. 150th Street, Suite 150  
Address  
Miami, Florida 33176  
City, State & Zip  
(305) 259-5676  
Daytime Telephone number

FILED  
98 JAN 20 AM 9:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

F. CHESSEY JAN 18 1998

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

# ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

## ARTICLE I NAME

The name of the corporation shall be:

Dade County Pain Society, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

Suite 150  
9380 S.W. 150th Street  
Miami, Florida 33176

## ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is(are):

To serve people in pain by advancing research, treatment, and professional practice, organization and competency of its membership. These goals will be accomplished by more relevant regional interaction with health care professionals, their supporters and suppliers dedicated to the curtailing of the terror and ravages of pain.

## ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is:

Directors shall be elected by a majority vote of the Association's membership.

## ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Mary Alice Yoham, MSN, ARNP, President  
10550 S.W. 103rd Avenue  
Miami, Florida 33176

Albert Zbik, Psy.D., Secretary  
Suite 150  
9380 S.W. 150th Street  
Miami, Florida 33176

## ARTICLE VI INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation are:

Albert Zbik, Psy.D.  
Dade County Pain Society, Inc.  
Suite 150, 9380 S.W. 150th Street  
Miami, Florida 33176

  
Signature/Incorporator

  
Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating 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

  
Date