

P 00000056382

TRANSMITTAL LETTER

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

000003275600--9

-06/02/00--01103--003

*****70.00 *****70.00

SUBJECT: Headache, Pain and Injury Center, 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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM:

Gary M. Mills, P.A.
Name (printed or typed)

1761 W. Hillsboro Blvd, #104
Address

Deerfield Beach, FL 33442
City, State & Zip

954-472-4228
Daytime Telephone number

FILED
00 JUN -2 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

**ARTICLES OF INCORPORATION
OF
HEADACHE, PAIN AND INJURY CENTER, INC.**

00 JUN -2 PM 1:46
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation under, F.S. Chapter 607, and other laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation is Headache, Pain and Injury Center, Inc.

ARTICLE II. PRINCIPAL OFFICE

The principal office and mailing address of this corporation are 1640 NW Boca Raton Blvd., Boca Raton, Florida 33432.

ARTICLE III. PURPOSE

The corporation is formed to engage in any activity necessary to sustain its continuity that is permitted and allowed under the laws of the State of Florida and any other governing body.

ARTICLE IV. TERM OF EXISTENCE

The corporation shall have perpetual existence starting on the date these articles of incorporation are filed with the Florida Department of State.

ARTICLE V. CAPITAL STOCK

The capital stock of the professional service corporation shall be 10,000 shares of common stock having a par value of \$0.10 per share.

ARTICLE VI. REGISTERED OFFICE AND AGENT

The address of the initial registered office of this corporation is 1640 NW Boca Raton Blvd., Boca Raton, FL 33432. The name of the initial registered agent at that address is Frank E. Urban, Jr.

ARTICLE VII. BOARD OF DIRECTORS

The business of the corporation shall be managed by its board of directors. The initial board of directors shall consist of one (1) member. The name and address of the member of the first board of directors is:

Name

Address

Frank E. Urban, Jr.

500 N Congress Ave., #D-303, Delray Beach, FL 33445

ARTICLE VIII. SUBSCRIBERS

The name(s) and address(es) of the person(s) signing these articles of incorporation as subscriber(s) is(are):

Name

Address

Frank E. Urban, Jr.

500 N Congress Ave., #D-303, Delray Beach, FL 33445

ARTICLE IX. OFFICERS


The officers of the corporation shall the following person(s) whose name(s) appear below:

President:	Frank E. Urban, Jr.
Vice-President:	Frank E. Urban, Jr.
Secretary:	Mia L. Celento
Treasurer:	Frank E. Urban, Jr.

ARTICLE X. AMENDMENT

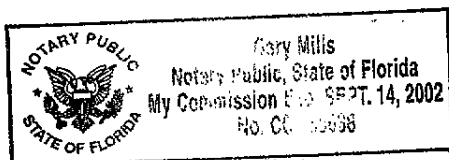
The corporation reserves the right to amend or repeal any provisions in these articles of incorporation in the manner provided by law. Any right conferred on the shareholders is subject to this reservation.

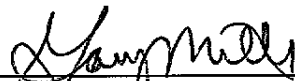
IN WITNESS WHEREOF, the undersigned subscriber(s) executed these articles of incorporation on June 1, 2000:

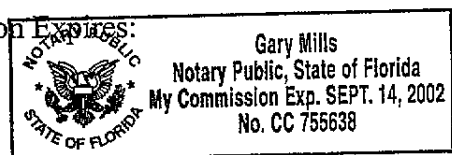

Frank E. Urban, Jr.

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing articles of incorporation were acknowledged before me on June 1, 2000 by Frank E. Urban, Jr..




Notary Public
My Commission Expires:



**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Headache, Pain and Injury Center, Inc.
- _____

2. The name and address of the registered agent and office is:


Frank E. Urban, Jr.
(Name)

1640 NW Boca Raton Blvd.
(P.O. Box not acceptable)

Boca Raton, FL 33432
(City/State/Zip)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

6/1/00
(Date)