

PO0000092746

FILED

00 OCT 2 PM 2:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OFFICE USE ONLY (Document #)

ANN HILL/SMITH & THOMPSON, P.A.

(Requestor's Name)

3520 Thomasville Road, 4th Floor

(Address)

Tallahassee, Florida 32308 893-4105

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Jacksonville Spine & Pain Center

(Corporation Name)

(Document #)

2. \_\_\_\_\_

(Corporation Name)

(Document #)

3. \_\_\_\_\_

(Corporation Name)

(Document #)

4. \_\_\_\_\_

(Corporation Name)

(Document #)

☒ Walk in ☐ Pick up time \_\_\_\_\_

☒ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

RECEIVED  
00 OCT -2 PM 1:46  
DIVISION OF CORPORATION

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

800003411338--3  
-10/02/00--01100--025  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Examiner's Initials

PH 10/2/00

**ARTICLES OF INCORPORATION**

**OF**

**JACKSONVILLE SPINE & PAIN CENTER, P.A.**

**FILED**

**00 OCT -2 PM 2: 53**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**ARTICLE I**

**NAME**

The name of this corporation is: **JACKSONVILLE SPINE & PAIN CENTER, P.A.**

**ARTICLE II**

**PRINCIPAL OFFICE AND MAILING ADDRESS**

The initial street and mailing address of the principal office of this corporation is 800 Lomax Street, Suite 118, Jacksonville, Florida 32204.

**ARTICLE III**

**DURATION**

The existence of this corporation shall commence on the date of filing with the Division of Corporations, State of Florida, and the term of duration of the corporation shall be perpetual.

**ARTICLE IV**

**NATURE OF BUSINESS**

The sole and specific purpose for which this Corporation is organized is to operate and maintain an establishment and otherwise serve the convenience of its shareholders in carrying on and engaging in the practice of medicine and to carry on any other lawful activity permitted by Chapter 621 of the Florida Statutes and not specifically precluded by any provision thereof.

**ARTICLE V**

**CAPITAL STOCK**

The maximum number of shares of stock that this Corporation is authorized to have outstanding at any one time is One Thousand (1,000) shares capital stock having a par value of \$1.00 each.

**ARTICLE VI**  
**DIRECTORS**

The number of directors that the corporation shall have shall be not less than one (1) but may be such greater number as may be elected by the shareholders from time to time in accordance with the Bylaws of the Corporation. Unless otherwise provided in the Bylaws, the corporation shall have one (1) director.

**ARTICLE VII**  
**INITIAL DIRECTORS**

The name(s ) and street address(es) of the member(s) of the first Board of Directors, who shall hold office for the first year of existence of the corporation or until his successor is elected or appointed and has qualified are:

Name

Address

Calvin H. Hudson, M.D.

800 Lomax Street, Suite 118  
Jacksonville, Florida 32204

**ARTICLE VIII**  
**INCORPORATOR**

The name and address of the incorporator of this Corporation is as follows:

Name

Address

Stephen G. Prom

50 N. Laura Street, Suite 3100  
Jacksonville, Florida 32202

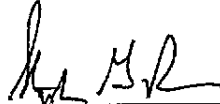
**ARTICLE IX**  
**INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of this Corporation is 800 Lomax Street, Suite 118, Jacksonville, Florida 32204 and the name of the initial registered agent of this Corporation at that address is Calvin H. Hudson, M.D.

**ARTICLE X  
AMENDMENT**

This Corporation reserves the right to amend, alter, change or repeal any provisions contained in its Articles of Incorporation, in the manner now or hereafter prescribed by statute, and all rights conferred upon shareholders herein are granted subject to this reservation.

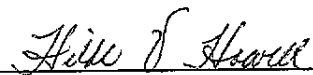
THE UNDERSIGNED, being the original incorporator hereinafter named for the purpose of forming a Corporation to do business both within and without the State of Florida, to make, subscribe, acknowledge, and file these Articles, hereby declares and certifies that the facts herein stated are true and accordingly have hereunto set my hand and seal this 29<sup>th</sup> day of September, 2000.



\_\_\_\_\_  
STEPHEN G. PROM, Incorporator

STATE OF FLORIDA  
COUNTY OF DUVAL

The foregoing instrument was acknowledged before me this 29<sup>th</sup> day of September, 2000, by STEPHEN G. PROM, who is [☒] personally known to me or who has [ ☐ ] produced a [state] \_\_\_\_\_ driver's license [number] \_\_\_\_\_ as identification.



\_\_\_\_\_  
Print Name:  
Notary Public  
State of Florida At Large  
Commission No.: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_



**CERTIFICATE NAMING AGENT UPON WHOM  
PROCESS MAY BE SERVED**

FILED  
00 OCT -2 PM 2: 54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to Section 48.091, Florida Statutes, the following is submitted:

That JACKSONVILLE SPINE & PAIN CENTER, P.A., a professional association duly organized and existing under the laws of the State of Florida, with its registered office being Suite 118, 800 Lomax Street, Jacksonville, Florida 32204, County of Duval, State of Florida, has named STEPHEN G. PROM, ESQ. as its registered agent to accept service of process within this state.

September 29, 2000

Date

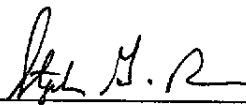
  
STEPHEN G. PROM, Incorporator

**ACCEPTANCE**

Having been named to accept service of process from the above-stated Corporation, at the registered office designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said Florida Statutes relative to keeping open said registered office.

September 29, 2000

Date

  
STEPHEN G. PROM, ESQUIRE