

P01000237380

FILINGS, INC. TERESA ROMAN

(Requestor's Name)

2805 LITTLE DEAL ROAD

(Address)

TALLAHASSEE, FLORIDA 32308

385-6735

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

300003995693--0

-04/13/01--01002--020

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

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

1. Florida Pain & Rehabilitation Institute, Inc
(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

NEW FILINGS	
☒	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

01 APR 12 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 APR 12 PM 3:12
NOT MAILED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

4/12

Examiner's Initials

**ARTICLES OF INCORPORATION
OF
FLORIDA PAIN & REHABILITATION INSTITUTE, INC.**

APPROVED
AND
FILED
01 APR 12 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, the undersigned, for the purpose of forming a corporation for profit, pursuant to the laws of the State of Florida, do hereby adopt the following Articles of Incorporation:

ARTICLE I

NAME

The name of this corporation is Florida Pain & Rehabilitation Institute, Inc.

ARTICLE II

BUSINESS ADDRESS

The business address of this corporation is: 15127 Carter Road, Suite 106, Delray Beach, Florida 33446.

ARTICLE III

DURATION

This corporation shall have perpetual existence commencing on the date of filing of the Articles of Incorporation by the Department of State.

ARTICLE IV

PURPOSE

This corporation is organized for the purpose of transacting any or all lawful business.

This document prepared by:
Mark A. Coel, Esq.
4000 Hollywood Boulevard
Suite 350 North
Hollywood, FL 33021
(954) 893-1770
FL Bar No. 0770655

ARTICLE V
CAPITAL STOCK

This corporation is authorized to issue One Thousand (1,000) shares of One Cent (\$0.01) par value common stock.

ARTICLE VI
INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The street address of the initial registered office of this corporation is 234 Alexander Palm Road, Boca Raton, FL 33432, and the name of the initial registered agent of this corporation at that address is JEFFREY ZIPPER, M.D.

ARTICLE VII
BOARD OF DIRECTORS

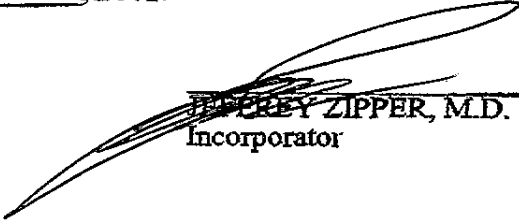
This corporation shall have that number of directors as set forth in the corporation's bylaws.

ARTICLE VIII
INCORPORATOR

The name and address of the Incorporator is:

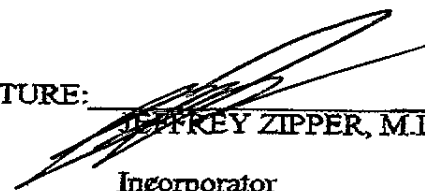
Jeffrey Zipper, M.D.
234 Alexander Palm Road
Boca Raton, FL 33432

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation on this 6th day of April, 2001.


JEFFREY ZIPPER, M.D.
Incorporator

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR
THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON
WHOM PROCESS MAY BE SERVED**

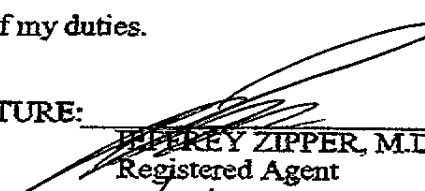
In compliance with Sections 48.091 and 607.0501, Florida Statutes, FLORIDA PAIN & REHABILITATION INSTITUTE, INC. desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at 15127 Carter Road, Suite 106, Delray Beach, State of Florida, has named JEFFREY ZIPPER, M.D., located at 234 Alexander Palm Road, Boca Raton, State of Florida, as its agent to accept service of process within the State of Florida.

SIGNATURE:  JEFFREY ZIPPER, M.D.

TITLE: Incorporator

DATE: 4/6/01

Having been named to accept service of process for the above-stated corporation, at the place designated in this Certificate, I hereby acknowledge that I am familiar with the obligations of such position and agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

SIGNATURE:  JEFFREY ZIPPER, M.D.
Registered Agent

DATE: 4/6/01

01 APR 12 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED