

TRANSMITTAL LETTER

P01000055895

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

SUBJECT: PINES Neurological Treatment Center, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

700004335527--3
-05/31/01--01029--007
*****78.75 *****78.75

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 of
Status

ADDITIONAL COPY REQUIRED

FROM: Robert Kustan
Name (Printed or typed)

17743 SW 2 ST
Address

Pompano Beach 33029
City, State & Zip

954-430-8000
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
MAY 31 PM 1:09

FILED

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

T. Burch JUN 6 2001

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

PINES Neurological Treatment Centers, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

17743 SW 2 St
Dembake Pines FL 33029

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

medical management of DR OFFICE

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Robert Kustin 17743 SW 2 St
Dembake Pines FL 33029

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Robert Kustin 17743 SW 2 St
Dembake Pines FL 33029

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

Signature/Registered Agent

Date

5/14/07

Signature/Incorporator

Date

5/14/07

01 MAY 31 PM 1:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED