

101000090406
TRANSMITTAL LETTER

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

SUBJECT: Alternative Pain Management + Counseling Clinic, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

500004585715--3
-09/12/01--01052--001
*****78.75 *****78.75

Enclosed are 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: Kathryn B. Adams
Name (Printed or typed)

12601 Hwy 77
Address

Panama City, FL 32409
City, State & Zip

850-265-4474
Daytime Telephone number

FILED
01 SEP 12 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Ps 9/14/01

ARTICLES OF INCORPORATION

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

FILED

01 SEP 12 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Alternative Pain Management + Counseling Clinic, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

12601 Hwy 77, Panama City, Fl 32409

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide Pain Management treatment + Mental Health Counseling

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ARTICLE VI REGISTERED AGENT

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

Kathryn B. Adams

12601 Hwy 77, Panama City, Fl 32409

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kathryn B. Adams

12601 Hwy 77, Panama City, Fl 32409

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

Kathryn B. Adams

Signature/Registered Agent

9/10/01

Date

Kathryn B. Adams

Signature/Incorporator

9/10/01

Date