

P01000101918

TRANSMITTAL LETTER

FILED  
01 OCT 19 AM 10:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

100004645381--6  
-10/19/01--01033--006  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: Naples Pain Treatment Center, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

FROM: Steven Bottari  
Name (Printed or typed)

2100 Lake Ida Road, Suite 1  
Address

Delray Beach, Florida 33445  
City, State & Zip

(561) 265-1116  
Daytime Telephone number

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

D. BROWN OCT 2 2 2001

**ARTICLES OF INCORPORATION**

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

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**ARTICLE I NAME**

The name of the corporation shall be:

Naples Pain Treatment Center, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

2100 Lake Ida Road  
Suite 1  
Delray Beach, Florida 33445

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide health care services and to further carry  
on any and all business authorized by the laws governing  
the State of Florida.

**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):

President/Director: Steven Bottari

Vice President: Robert Sitner

**ARTICLE VI REGISTERED AGENT**

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

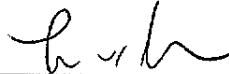
Lisa A. Sanders  
1011 South Federal Highway  
Hollywood, Florida 33020

**ARTICLE VII INCORPORATOR**

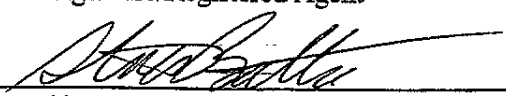
The name and address of the Incorporator is:

Steven Bottari  
2100 Lake Ida Road  
Suite 1  
Delray Beach, Florida 33445

\*\*\*\*\*  
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

10/16/07  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

10/26/07  
\_\_\_\_\_  
Date