

P020000020538
TRANSMITTAL LETTER
FILED

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

02 FEB 20 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
800004961678--4
-02/20/02--01066--001
*****70.00 *****70.00

SUBJECT: Innovative Pain Management, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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: John E. Carey, M.D.
Name (Printed or typed)
192 Clearlake Drive
Address
Ponte Vedra Beach, FL 32082
City, State & Zip
(904) 543-9311
Daytime Telephone number

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

ARTICLES OF INCORPORATION

of

Innovative Pain Management, Inc.

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I.

The name of the corporation shall be:

Innovative Pain Management, Inc.

ARTICLE II.

The principle place of business and mailing address of this corporation shall be:

**192 Clearlake Drive
Ponte Vedra Beach, FL 32082**

ARTICLE III.

The purpose for which the corporation is organized is:

Any Lawful Enterprise

ARTICLE IV.

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000

ARTICLE V. OFFICERS

The names and street addresses are:

**John Edmund Carey, President
192 Clearlake Drive
Ponte Vedra Beach, FL 32082**

**Daidre Anne Carey, Secretary
192 Clearlake Drive
Ponte Vedra Beach, FL 32082**

ARTICLE VI.

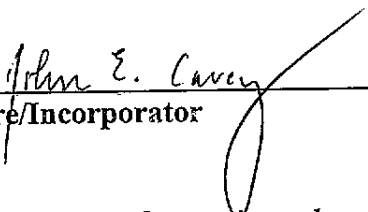
The name and address of the registered agent are:

**Mark R. Patrick
4040 Woodcock Drive, Suite 230
Jacksonville, FL 32207**

ARTICLE VII.

The name and address of the incorporator are:

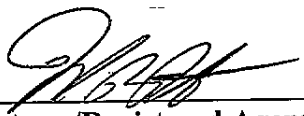
**John Edmund Carey, President
192 Clearlake Drive
Ponte Vedra Beach, FL 32082**



Signature/Incorporator

Date 02/18/02

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Signature /Registered Agent

Date 2/19/02