

TRANSMITTAL LETTER

P 02000031931

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

300005113109--3  
-03/18/02--01046--018  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Comprehensive Pain Institute of Palm Beach, 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  
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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
02 MAR 18 AM 9:53

FROM: Comprehensive Pain Institute of Palm Beach, Inc.  
Name (Printed or typed)

1489 N. Military Trail, Suite #202  
Address

West Palm Beach, FL 33409  
City, State & Zip

561-615-0771  
Daytime Telephone number

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

F. CHESSEB MAR 25

**Articles of Incorporation**

**Article I**

Comprehensive Pain Institute of Palm Beach, Inc.

**Article II**

1489 North Military Trail, Suite #202  
West Palm Beach, FL 33409

**Article III**

Medical Clinic

**Article IV**

1,000 Shares

**Article V**

DIRECTOR:

Louis P. Claps  
1489 N. Military Trail, Ste #202  
West Palm Beach, FL 33409  
President/Director

**Article VI**

REGISTERED AGENT:

Louis P. Claps  
1489 N. Military Trail, Ste #202  
West Palm Beach, FL 33409


**Article VII**

INCORPORATOR:

Louis P. Claps  
1489 N. Military Trail, Ste #202  
West Palm Beach, FL 33409

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
02 MAR 18 AM 0:58

.....  
*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**  
**Louis P. Claps**

03-12-02  
**Date**

  
\_\_\_\_\_  
**Signature of Incorporator**  
**Louis P. Claps**

03-12-02  
**Date**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
02 MAR 18 AM 8:58