

P030000000940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

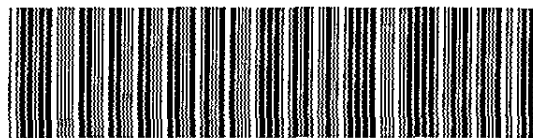
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300009678173

01/14/03--01093--003 **78.75

03 JAN 14 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

10/1

MOORE, HILL & WESTMORELAND, P. A.

ATTORNEYS AT LAW

NINTH FLOOR

SUNTRUST TOWER

220 W. GARDEN STREET

PENSACOLA, FLORIDA 32501

TELEPHONE (850) 434-3541

POST OFFICE BOX 13290
PENSACOLA, FLORIDA 32591-3290

FACSIMILE (850) 435-7899

INTERNET

<http://www.mhw-law.com>

WRITER'S E-MAIL ADDRESS:

emoore@mhw-law.com

H. EDWARD MOORE, JR.*
J. LOFTON WESTMORELAND
LARRY HILL*
YANCEY F. LANGSTON
CHARLES F. SEALL, JR.**
GEORGE R. MEAD, II
DOUGLAS S. WOODWARD**
SARAH B. DYRDA

* BOARD CERTIFIED CIVIL TRIAL LAWYER
** ALSO ADMITTED IN ALABAMA

January 10, 2003

Secretary of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32314

Re: Gulf Coast Pain Specialists, P.A.

Dear Sir or Madam:

Enclosed are an original and one copy of the proposed Articles of Incorporation for the referenced corporation. Please file the original and provide us with a certified copy of the Articles. Enclosed is this firm's check for \$78.75 in payment of the following items:

Filing Fee	\$35.00
Certified Copy	8.75
Registered Agent Designation	<u>35.00</u>
TOTAL	\$78.75

Thank you for your assistance. If you have any questions, please call.

Very truly yours,

MOORE, HILL & WESTMORELAND, P.A.



H. Edward Moore

HEM/lkj
Enclosures

cc: Jeff L. Buchalter, M.D.
David E. Fairleigh, M.D.

**ARTICLES OF INCORPORATION
OF
GULF COAST PAIN SPECIALISTS, P.A.**

FILED
03 JAN 14 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned to these Articles of Incorporation, being duly licensed to practice medicine under the laws of the State of Florida, adopt these articles to form a corporation under the Professional Service Corporation and Limited Liability Act, F.S. Chapter 621, and other laws of the State of Florida.

ARTICLE I. NAME

The name of the professional service corporation is Gulf Coast Pain Specialists, P.A.

ARTICLE II. PRINCIPAL OFFICE

The principal office and mailing address of the professional service corporation is 94 Chanteclaire Circle, Gulf Breeze, Florida, 32561.

ARTICLE III. PURPOSE

The professional service corporation is formed to engage in every phase and aspect of the practice of medicine. In addition, the corporation may invest the funds of the professional service corporation in real estate, mortgages, stocks, bonds, or any other type of investment, and own real and personal property necessary for the rendering of professional services. The professional service corporation may engage in any act permitted under Florida law.

ARTICLE IV. TERM OF EXISTENCE

The professional service corporation shall have perpetual existence starting on the date these Articles of Incorporation are filed by the Florida Department of State.

ARTICLE V. CAPITAL STOCK

The number of shares of capital stock of the professional service corporation shall be 1000 shares, all of which shall be voting common shares with a par value of \$1.00 per share.

ARTICLE VI. REGISTERED OFFICE AND AGENT

The address of the initial registered office of this professional service corporation is 96 Chanteclaire Circle, Gulf Breeze, Florida 32561. The name of the initial registered agent at that address is David E. Fairleigh, M.D.

ARTICLE VII. SUBSCRIBERS

The names and addresses of the persons signing these Articles of Incorporation as subscribers are:

<u>NAME</u>	<u>ADDRESS</u>
Jeff L. Buchalter, M.D.	94 Chanteclaire Circle Gulf Breeze, FL 32561
David E. Fairleigh, M.D.	96 Chanteclaire Circle Gulf Breeze, FL 32561

ARTICLE VIII. BOARD OF DIRECTORS

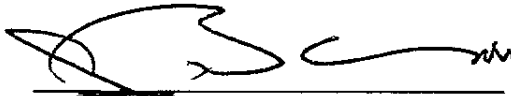

The initial Board of Directors shall consist of 2 members. The names and addresses of the first Board of Directors are:

<u>NAME</u>	<u>ADDRESS</u>
Jeff L. Buchalter, M.D.	94 Chanteclaire Circle Gulf Breeze, FL 32561
David E. Fairleigh, M.D.	96 Chanteclaire Circle Gulf Breeze, FL 32561

ARTICLE IX. AMENDMENT

These Articles of Incorporation may be amended in any manner provided for by the laws of the State of Florida.

IN WITNESS WHEREOF, we have hereunto subscribed our names this 10 day of January, 2003.


JEFF L. BUCHALTER, M.D.

DAVID E. FAIRLEIGH, M.D.

STATE OF FLORIDA
COUNTY OF ESCAMBIA

The foregoing instrument was acknowledged before me this 10 day of January, 2003, by Jeff L. Buchalter, M.D., who is personally known to me or who produced _____ as identification and who did take an oath.



Linda K. Johnson
MY COMMISSION # CC973439 EXPIRES
October 16, 2004
BONDED THRU TROY FAIR INSURANCE, INC.


NOTARY PUBLIC
My Commission Expires:

STATE OF FLORIDA
COUNTY OF ESCAMBIA

The foregoing instrument was acknowledged before me this 10 day of January, 2003, by David E. Fairleigh, M.D., who is personally known to me or who produced _____ as identification and who did take an oath.



Linda K. Johnson
MY COMMISSION # CC973439 EXPIRES
October 16, 2004
BONDED THRU TROY FAIR INSURANCE, INC.


NOTARY PUBLIC
My Commission Expires:

ACCEPTANCE OF DESIGNATION OF RESIDENT AGENT

I, the undersigned, being the person named as the Registered Agent of Gulf Coast Pain Specialists, P.A., a Florida professional service corporation, hereby certify that I am familiar with the obligations provided for in § 607.0505, Florida Statutes, and hereby accept the appointment of Registered Agent along with said obligations.

Dated this 10 day of January, 2003.


DAVID E. FAIRLEIGH, M.D.

STATE OF FLORIDA
COUNTY OF ESCAMBIA

The foregoing instrument was acknowledged before me this 10 day of January, 2003, by David E. Fairleigh, M.D., who is personally known to me or who produced _____ as identification and who did take an oath.



Linda K. Johnson
MY COMMISSION # CC973439 EXPIRES
October 16, 2004
BONDED THRU TROY FAIR INSURANCE, INC.


NOTARY PUBLIC
My Commission Expires: