

PO3000044480

(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



000015429190

04/08/03--01011--003 **87.50

DATE
4-3-03

FILED
03 APR -8 AM 9:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Telestri, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: ANGELO FONTE, JR.
Name (Printed or typed)

P.O. Box 15937
Address

SARASOTA, FLORIDA 34277
City, State & Zip

941-366-9900
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 11, 2003

ANGELO FONTE, JR.
P.O. BOX 15937
SARASOTA, FL 34277

SUBJECT: TELESTRI, INC.
Ref. Number: W03000010377

We have received your document for TELESTRI, INC.. However, the document has not been filed and is being returned for the following:

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole
Corporate Specialist
New Filings Section

Letter Number: 703A00021807

Gulfcoast Pain Physicians

P.O. Box 15947
Sarasota, FL 34277

1219 East Ave S., Suite #308
Sarasota, FL 34239

Telephone (941) 366-2800
Facsimile (941) 366-7720

04/18/2003

Attn: Loria Poole
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Telestri, Inc. Ref#W03000010377 / Center For Spine Pain, Inc.
Ref#W03000010288

Dear Ms. Poole:

I have enclosed a new set of articles with copies as requested for each corporation.
Please process accordingly.

Yours truly,

A handwritten signature in black ink, appearing to read 'Angelo Fonte, Jr.', with a stylized flourish at the end.

Angelo Fonte, Jr., M.D.

ARTICLES OF INCORPORATION
OF
TELESTRI, INC.

FILED
03 APR -8 AM 9:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

In compliance with the requirements of F.S. Chapter 607, the undersigned hereby acts as an incorporator in adopting and filing the following articles of incorporation for the purpose of organizing a business corporation.

ARTICLE I

The name of this corporation is: Telestri, Inc.

ARTICLE II

The street address of the principal place of business of the corporation is: 1219 East Ave. S. Suite 308, Sarasota, Florida, 34239.

ARTICLE III

The existence of the corporation shall begin on: April 3, 2003.

EFFECTIVE DATE
4-3-03

ARTICLE IV

The maximum number of shares this corporation is authorized to issue is 1,000, par value \$.01 per share, all of which shall be common shares. All common shares shall be identical with each other in every respect and the holders of common shares shall be entitled to one vote for each share on all matters on which shareholders have the right to vote.

ARTICLE V

The initial street address of the corporation's registered office is: 1219 East Ave. S. Suite 308, Sarasota, Florida, 34239. The initial registered agent for the corporation at that address is: Angelo Fonte, Jr..

ARTICLE VI

The name and street address of the incorporator of these articles of incorporation is:

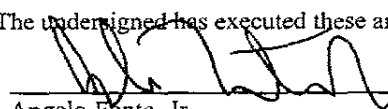
Name

Address

Angelo Fonte, Jr.

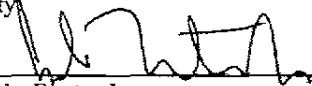
1219 East Ave. S.
Suite 308
Sarasota, Florida 34239

The undersigned has executed these articles of incorporation


Angelo Fonte, Jr.
Incorporator

4/18/2003
Date

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



Angelo Fonte, Jr.
Registered Agent

4/18/2003
Date

FILED
03 APR -8 AM 9:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA