

P03000044547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

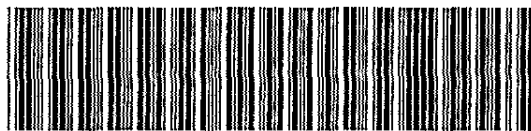
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Certified Copies _____

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04/08/03--01011--004 **87.50

EFFECTIVE DATE
4-3-03

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

FILED

FILED

TRANSMITTAL LETTER

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

SUBJECT: CENTER FOR SPINE PAIN, 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: ANGELO FONTE, JR.
Name (Printed or typed)

P.O. BOX 25006

Address

SARASOTA, FLORIDA 34277

City, State & Zip

941-366-2800

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 10, 2003

ANGELO FONTE, JR.
POST OFFICE BOX 25006
SARASOTA, FL 34277

SUBJECT: CENTER FOR SPINE PAIN, INC.
Ref. Number: W03000010288

We have received your document for CENTER FOR SPINE PAIN, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6973.

Claretha Golden
Document Specialist
New Filings Section

Letter Number: 103A00021582

ARTICLES OF INCORPORATION
OF
CENTER FOR SPINE PAIN, INC.

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: Center for Spine Pain, 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.

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:

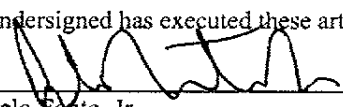
Name

Address

Angelo Fonte, Jr.

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

The undersigned has executed these articles of incorporation

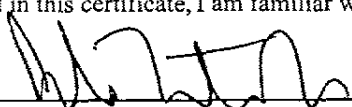

Angelo Fonte, Jr.
Incorporator

4/18/2003
Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE
4-3-03

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

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TALLAHASSEE FLORIDA