

PD3000109690

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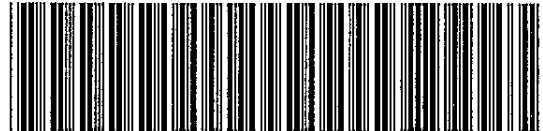
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 OCT -6 PM 2:01

BR 10/6
W-261

TRANSMITTAL LETTER

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

SUBJECT: Pino Neurological Treatment Center, 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: Dr. Robert M. Kesth
Name (Printed or typed)

17743 S.W. 2nd Street
Address

Denville Fl 33029
City, State & Zip

954-430-8000
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

September 23, 2003

ROBERT M KUSTH
17743 SW 2ND ST
PEMBROKE PINES, FL 33029

SUBJECT: PINES NEUROLOGICAL TREATMENT CENTERS, INC.
Ref. Number: W03000026129

We have received your document for PINES NEUROLOGICAL TREATMENT CENTERS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

We are enclosing the proper form(s) with instructions for your convenience.

You must complete Article VI and Article VII by adding the names of the registered agent in VI and the incorporator in VII.

I am enclosing another form for you to complete.

Please get someone to type out the articles or print them so that they will be legible.

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) 245-6919.

Beth Register
Document Specialist Supervisor
New Filings Section

Letter Number: 903A00050830

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

03 OCT -6 PM 2:02

PINES NEUROLOGICAL TREATMENT CENTERS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

17743 SW 2ND STREET PEMBROKE PINES, FL 33029

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

DR. ROBERT M. KUSTIN - PRESIDENT

DR. JEFFREY SAMUELS - VICE PRESIDENT

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

DR. ROBERT M. KUSTIN

17743 SW 2ND STREET PEMBROKE PINES, FL 33029

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DR. ROBERT M. KUSTIN

17743 SW 2ND STREET PEMBROKE PINES, FL 33029

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

9.29.03
Date



Signature/Incorporator

9.29.03
Date