

## Florida Department of State **Division of Corporations** Public Access System

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Division of Corporations

Fax Number : (850) 205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335

Phone : (305)599-0839 Fax Number : (305)716-0346

# FLORIDA PROFIT CORPORATION OR P.A.

WEST COAST SPINE & INJUTY CENTER OF PORT RICHEY, INC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation:

#### ARTICLE I NAME

The name of the corporation shall be: West Coast Spine & Injury Center of Port Richey , Inc.

#### ARTICLE II PRINCIPAL OFFICE/ADDRESS

The mailing address of business of this corporation shall be:

3701 Sarazen Drive

New Port Richey, FL 34655

## ARTICLE III SHARES

The number of shares of stock this corporation is authorized to have outstanding at any one time is:

One-Thousand (1,000) Shares Common Stock

#### ARTICLE IV INITIAL REGISTERED AGENT

The name and Florida street address of the initial registered agent are:

Barbara A. Frangos 3701 Sarazen Drive New Port Richey, FL 34655

#### ARTICLE V INCORPORATOR

The name and mailing address of the incorporator to these Articles of Incorporation are:

Barbara A. Frangos 3701 Sarazea Drive

New Port Richey, FL 34655

## ARTICLE VI OFFICERS

The officers of the corporation are:

Barbara A. Frangos: DPT Leonard Linardos: DVPS

4-30-2004

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.