

PO400000919210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

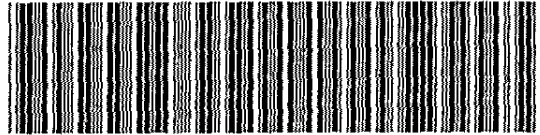
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900037796689

06/14/04--01050--020 **87.50

CLERK OF STATE
TALLAHASSEE FLORIDA

2004 JUN 14 PM 1:52

FILED

for 6/15/04

TRANSMITTAL LETTER

FILED

2004 JUN 14 PM 1:52

SECRETARY OF STATE
TALLAHASSEE FLORIDADepartment of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314SUBJECT: ATLANTIC PAIN MANAGEMENT, P.A.
(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
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: SANJAY SASTRY
Name (Printed or typed)801 Beville Rd
AddressSouth Daytona, FL 32119
City, State & Zip386 846-7527
Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

ATLANTIC PAIN MANAGEMENT, PA.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

801 Beville Rd
South Daytona, FL 32119

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

SANTAY SASTRY
801 Beville Rd
South Daytona, FL 32119

ARTICLE VI REGISTERED AGENT

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

SANTAY SASTRY
801 Beville Rd
South Daytona, FL 32119

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SANTAY SASTRY
801 Beville Rd
South Daytona, FL 32119

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

Date

6/4/04

Signature/Incorporator

Date

6/4/04

FILED
2004 JUN 14 PM 1:52
CLERK OF STATE
TALLAHASSEE FLORIDA