

P05000140073

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000243402 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)205-0381

From:

Account Name : GRAY, HARRIS & ROBINSON, P.A. - ORLANDO
Account Number : 120010000078
Phone : (407)843-8880
Fax Number : (407)244-5690

FLORIDA PROFIT CORPORATION OR P.A.

Florida Pain & Wellness Centers, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

FILED
05 OCT 13 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing

Public Access Help

Ch. 10-14

ARTICLES OF INCORPORATION
OF
FLORIDA PAIN & WELLNESS CENTERS, INC.

FILED
05 OCT 13 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THE UNDERSIGNED, for and on behalf of FLORIDA PAIN & WELLNESS CENTERS, INC., a Florida corporation (the "Corporation"), hereby executes these Articles of Incorporation of the Corporation:

ARTICLE I - NAME OF CORPORATION

The name of this corporation shall be FLORIDA PAIN & WELLNESS CENTERS, INC.

ARTICLE II - ADDRESS

The mailing address of the corporation is Post Office Box 1906, Windermere, Florida 34786.

ARTICLE III - CAPITAL STOCK

The maximum number of shares of capital stock that this corporation is authorized to issue and have outstanding at any one time is 1,000 shares of common stock having a par value of \$1.00 per share, which may be fractional shares.

ARTICLE IV - DURATION

This corporation shall exist perpetually.

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the registered office of this corporation shall be:

5243 East Colonial Drive
Orlando, Florida 32807

The name of the registered agent of this corporation at that address shall be:

Ihan Rodriguez

ARTICLE VI - BOARD OF DIRECTORS

A. This corporation shall have two (2) directors. The number of directors may be increased or diminished from time to time by the unanimous vote of the shareholders, but shall never be less than one (1). No decrease shall have the effect of shortening the term of any incumbent director.

B. Directors shall be elected by the unanimous vote of the shareholders.

C. At a meeting of shareholders called expressly for that purpose, any director or the entire Board of Directors may be removed, with or without cause, by a unanimous vote of the shareholders.

D. Any vacancy occurring in the Board of Directors, including any vacancy created by reason of an increase in the number of directors, may be filled by a unanimous vote of the shareholders at their next annual meeting or at a special meeting called for the purpose of filling such vacancies. A director elected to fill a vacancy shall hold office only until the next election of directors by the shareholders.

ARTICLE VII - BYLAWS

The shareholders of this corporation shall have the sole power, by unanimous vote of the shareholders, to establish, enact, alter or repeal Bylaws for the management of this corporation, and the duties of the officers of this corporation shall be prescribed by such Bylaws.

ARTICLE VIII - AMENDMENT

These Articles of Incorporation may be amended only by the unanimous vote of the Shareholders.

ARTICLE IX - INCORPORATOR

The name and address of the person signing these Articles is:

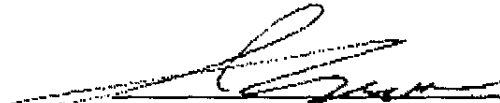
Name

Address

Ihan Rodriguez

Post Office Box 1906
Windermere, Florida 34786

IN WITNESS WHEREOF, the undersigned Incorporator, has hereunto set his hand, this 13th day of October, 2005.


Ihan Rodriguez

STATE OF FLORIDA
COUNTY OF Orange

The foregoing instrument was acknowledged before me this 13th day of October, 2005, by Ihan Rodriguez.

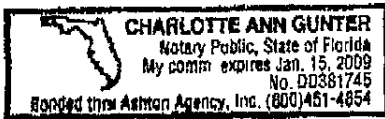

Signature of Notary Public

(Print Notary Name)

My Commission Expires: _____

Commission No.: _____

AFFIX NOTARY STAMP



☒ Personally known, or

☐ Produced Identification

Type of Identification Produced: _____

CERTIFICATE OF ACCEPTANCE AS REGISTERED AGENT

Having been named as the registered agent in the Articles of Incorporation of Florida Pain & Wellness Centers, Inc., I hereby accept and agree to act in this capacity.

Dated: 10/13/05


Ihan Rodriguez

FILED
05 OCT 13 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA