P07000001476

(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

200082481952

01/03/07--01020--002 **78.75

RECEIVED
07 JAN -3 AM 9:38
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2007 JAN -3 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1-4

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Drive, Suite A Tallahassee, FL 32301
PHONE: (850) 216-0457; FAX: (850) 216-0460

DATE: 01/03/2007

NAME: PAIN RELIEF CENTER OF CORAL SPRINGS, INC.

TYPE OF FILING: ARTICLES OF INCORPORATION

COST: $78.75 - CHECK ATTACHED

RETURN: CERTIFIED COPY

ACCOUNT: ~~FCA0000000015~~

AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF INCORPORATION

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

FILED
2007 JAN -3 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

PAIN RELIEF CENTER OF CORAL SPRINGS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 9470 LIVE OAK PLACE
SUITE 304
DAVIE, FLORIDA 33324

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MEDICAL, PAIN MANAGEMENT

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

KOBRIN, HAL (DIRECTOR)
9470 LIVE OAK PLACE
SUITE 304
DAVIE, FLORIDA, 33324

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

KOBRIN, HAL
9470 LIVE OAK PLACE
SUITE 304
DAVIE, FLORIDA 33324

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

KOBRIN, HAL
9470 LIVE OAK PLACE
SUITE 304
DAVIE, FL 33324

****

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: 1/2/07

Signature/Incorporator — Date: 1/2/07