

P07000035243

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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07 MAR 19 AM 7:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3/21  
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## COVER LETTER

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

SUBJECT: Laser Pain Management Center, Inc  
(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: BRUCE J KELSON D.C.  
Name (Printed or typed)

21682 SAN SIMON CIRCLE  
Address

BOCA RATON, FLORIDA 33433  
City, State & Zip

561 213-0075  
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:

Laser Pain Management Center, Inc

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

21682 San Simeon Circle  
Boca Raton, FL 33433

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

~~EE~~ Pain care/chiropractic care

## 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):

Bruce J Kelson, DC - President  
21682 San Simeon Circle  
Boca Raton, FL 33433

## ARTICLE VI REGISTERED AGENT

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

Bruce J Kelson, DC  
21682 San Simeon Circle  
Boca Raton, FL 33433

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Bruce J Kelson, DC  
21682 San Simeon Circle  
Boca Raton, FL 33433

\*\*\*\*\*

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

Bruce J Kelson  
Signature/Registered Agent

Bruce J Kelson  
Signature/Incorporator

3-14-07  
Date

3-14-07  
Date

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