

P07600064050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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2007 MAY 30 PM 12:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Laser Pain Centers of America, 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: Ron R. Edwards

Name (Printed or typed)

3162 Thoroughbred Loop W.

Address

Lakeland, FL 33811

City, State & Zip

(863) 529-3612

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 Centers of America, Inc.

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

3162 Thoroughbred Loop W.  
Lakeland, FL 33811

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

For profit, pain centers to relieve pain with the use of cold laser.

## **ARTICLE IV SHARES**

The number of shares of stock is:

100,000

## **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Ron R. Edwards President  
Helen L. Edwards V.P. / Sec

## **ARTICLE VI REGISTERED AGENT**

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

Ron R. Edwards  
3162 Thoroughbred Loop W.  
Lakeland, FL 33811

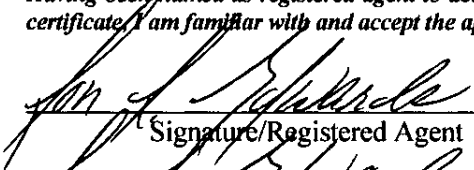
## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

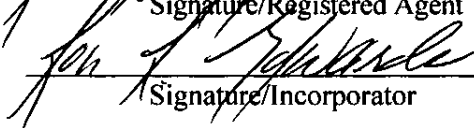
Ron R. Edwards  
3162 Thoroughbred Loop W.  
Lakeland, FL 33811

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*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

5-10-07  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

5-10-07  
\_\_\_\_\_  
Date

2007 MAY 30 PM 12:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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