

PO700087626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

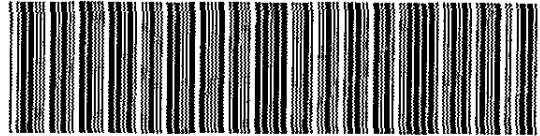
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: LASER Pain Center of Lakeland, 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 CENTER OF LAKELAND, 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 - Provide LASER THERAPY FOR PAIN.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

HELEN L. Edwards - Pres.

RON R. Edwards - VP

ARTICLE VI REGISTERED AGENT - Ron R. Edwards

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

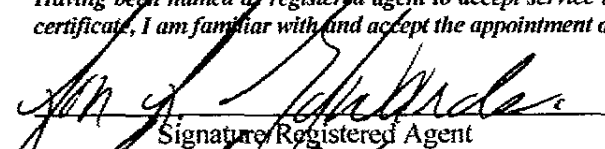
3162 THOROUGHbred Loop W.
LAKELAND, FL. 33811

ARTICLE VII INCORPORATOR

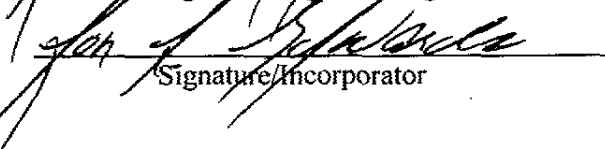
The name and address of the Incorporator is:

RON R. Edwards
3162 THOROUGHbred Loop W.
LAKELAND, FL. 33811

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

7-30-07
Date


Signature/Incorporator

7-30-07
Date