P07000115535

(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

MR
10/22

COVER LETTER

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

SUBJECT: HEALTH & PAIN 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: NICHOLAS LACARRUBBA
Name (Printed or typed)

4611 W. NORTH B ST. NO. 113
Address

TAMPA, FL. 33609
City, State & Zip

813 813-286-1489
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)

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TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

HEALTH & PAIN CENTER INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1419 W. WATERS AVE. TAMPA, FL. STE. 121
33604

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR ALL LEGAL PURPOSES IN
PROVIDING MEDICAL SERVICES

ARTICLE IV SHARES

The number of shares of stock is: ONE HUNDRED (100) SHARES
OF COMMON STOCK AT NO PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

NICHOLAS LACHARUBBA PRESIDENT & C.E.O DIRECTOR
1419 W. WATERS AVE STE. 121
TAMPA, FL. 33604

ARTICLE VI REGISTERED AGENT

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

Nicholas LaCarruba
1419 W. Waters Ave. Ste 121
Tampa, FL. 33604

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Nicholas LaCarruba
1419 W. Waters Ave Ste. 121
Tampa, FL. 33604

****

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

Nicholas LaCarruba — 10/12/07
Signature/Registered Agent — Date

Nicholas LaCarruba — 10/12/07
Signature/Incorporator — Date