

PD7000115535

(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

MRS
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 LACARRUBA
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)

ARTICLE I NAME

The name of the corporation shall be:

HEALTH & PAIN CENTER INC.

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TALLAHASSEE, FLORIDA

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 LACARRUBA 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:

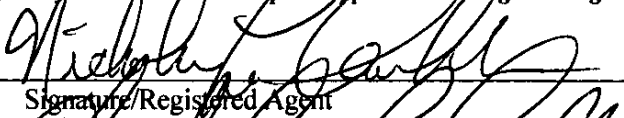
NICHOLAS LACARRUBA
1419 W. WATERS AVE. STE 121
TAMPA, FL. 33604

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

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

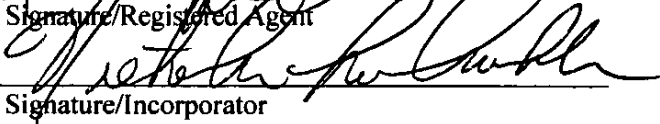
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

10/12/07

Date



Signature/Incorporator

10/12/07

Date

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TALLAHASSEE, FLORIDA