

P07000116180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

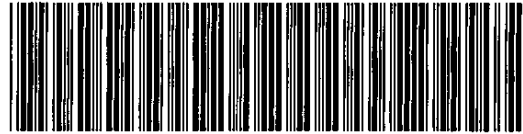
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800110323338

10/09/07--01006--011 **78.75

FILED
2001 OCT 23 A 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W07-49995

TRANSMITTAL LETTER

Department of State
Division of Corporations
2661 Executive Venter Circle
Tallahassee, Florida 32301

Subject Jacksonville Pain Center, PSC

Enclosed is an original and one (1) copy of the articles of incorporation and a check for

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$122.50
Filing Fee
& Certified Copy
(ADDT'L COPY REQ'D)

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate
(ADDT'L COPY REQ'D)

FROM:	My Corporation
	26520 Agoura Rd.
	Calabasas CA 91302

NOTE: Please provide the original and one copy of the articles. Provide **TWO** copies if you have requested a certified copy as designated in the boxes above.



• UCC FILING & SEARCH SERVICES, INC.
1574 Village Square Blvd Ste 100
Tallahassee, Florida 32309
(850) 681-6528 P

HOLD
FOR PICKUP BY
UCC SERVICES
OFFICE USE ONLY

October 23, 2007

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Jacksonville Pain Center, PA

Filing Evidence

- ☐ Plain/Confirmation Copy
- ☒ Certified Copy

Retrieval Request

- ☐ Photocopy
- ☐ Certified Copy

Type of Document

- ☐ Certificate of Status
- ☐ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to Include Articles & Amendments
- ☐ Fictitious Name Certificate
- ☐ Other

NEW FILINGS	
X	Profit
	Non Profit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of RA Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Reports
	Fictitious Name
	Name Reservation
	Reinstatement

REGISTRATION/QUALIFICATION	
	Foreign
	Limited Liability
	Reinstatement
	Trademark
	Other

FILED
 2007 OCT 23 AM 10:07
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
RECEIVED
 2007 OCT 23 AM 10:39
 OFFICE OF THE SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 9, 2007

MYCORPORATION
26520 AGOURA RD
CALABASAS, CA 91302

SUBJECT: JACKSONVILLE PAIN CENTER, PSC
Ref. Number: W07000049995

We have received your document for JACKSONVILLE PAIN CENTER, PSC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The only acceptable corporate suffixes for professional associations are PROFESSIONAL ASSOCIATION, P.A., and CHARTERED.

An effective date may be added to the Articles of Incorporation if a 2008 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight
Regulatory Specialist II
New Filing Section

Letter Number: 507A00059213

ARTICLES OF INCORPORATION
OF
Jacksonville Pain Center, PA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Professional Service Corporation and Limited Liability Company Act, 621 F.S. hereby adopts the following articles of incorporation.

ARTICLE I NAME

The name of the Corporation shall be: Jacksonville Pain Center, PA

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

420 East Kesley Lane
Jacksonville, Florida 32259

ARTICLE III PURPOSE

The specific purpose for which the corporation is being formed is: The Professional Practice of Medicine.

ARTICLE IV SHARES

The number of shares that this corporation is authorized to have outstanding at any one time is: 1500 at \$0.01 par value per share.

ARTICLE V INITIAL DIRECTORS

The name(s) and address(s) of the initial Director(s) is/are:

Hemant Shah, MD
420 East Kesley Lane
Jacksonville, Florida 32259

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent is:

Hemant Shah, MD
420 East Kesley Lane
Jacksonville, Florida 32259

FILED
2001 OCT 23 A 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

Hemant Shah, MD
420 East Kesley Lane
Jacksonville, Florida 32259



Hemant Shah, MD, Incorporator

09/27/2007

Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Hemant Shah, MD, Registered Agent

09/27/2007

Date

FILED
2007 OCT 23 A 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA