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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6381

From:  
Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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08 FEB 28 PM 1:36  
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TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION****medical excellence pain center II, inc.**

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**ARTICLES OF INCORPORATION**

**OF**

**MEDICAL EXCELLENCE PAIN CENTER II, INC.**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned Incorporator(s), for the purpose of forming a Profit Corporation under Chapter 607 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I**

The name of this corporation shall be: **MEDICAL EXCELLENCE PAIN CENTER II, INC.**

**ARTICLE II**

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

**ARTICLE III**

The principal place of business of this corporation: **970 SW 1<sup>st</sup> STREET, MIAMI, FLORIDA 33130**

**ARTICLE IV**

The general nature of business of this corporation is to transact any and all lawful business.

**ARTICLE V**

The aggregate number of shares which this corporation shall have authority to issue is 200 shares common stock.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

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#### **ARTICLE VI**

The name and street address of the initial Registered Agent of this corporation shall be: MARIA C. SUAREZ, 14720 GLENCAIRN ROAD, MIAMI LAKES, FLORIDA 33016

#### **ARTICLE VII**

The name and address of the officers and board of directors shall be:

**PRESIDENT**  
**LUIS CRUZ**

1300 CORAL WAY, #204  
MIAMI, FLORIDA 33145

#### **ARTICLE VIII**

The name and address of the incorporator(s) to these Article of Incorporation shall be:

EMPIRE CORPORATE KIT OF AMERICA, INC.  
2444 NW 7<sup>TH</sup> PLACE  
MIAMI, FL 33127

The undersigned has executed these Articles of Incorporation this 28<sup>th</sup> DAY OF FEBRUARY, 2008.

  
INCORPORATOR

Ray Stormont Signing for  
Empire Corporate Kit of America, Inc.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

MEDICAL EXCELLENCE PAIN CENTER II, INC.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

  
Signature/Registered Agent

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