

PO8000039556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

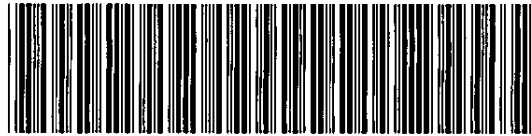
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 18 PM 2:34

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4/21/08

COVER LETTER

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

SUBJECT: _____

The Pain & Spine Institute, 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: _____

Manuel L. Soto III

Name (Printed or typed)

1550 Carriage Brooke Drive

Address

Wellington, FL. 33414

City, State & Zip

561-758-6634

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:

The Pain & Spine Institute, Inc.

ARTICLE II PRINCIPAL OFFICE

The principle street address and mailing address, if different is:

1100 S. Main Street
Belle Glade, FL 33430

Mailing: 1550 Carriage Brooke Drive
Wellington, FL 33414

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To manage acute and chronic pain patients.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Dr. Dannel Anschuetz, D.O. - President (3403 Leigh Rd., Pompano Beach, FL 33062)
Dr. Manuel L. Soto III, D.C. - Vice President (1550 Carriage Brooke Drive, Wellington, FL 33414)
Mr. Randy Noakes - Secretary/Treasurer
68608 Palisades Lakes Drive, W.P.B., FL 33411

ARTICLE VI REGISTERED AGENT

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

Manuel L. Soto III
1550 Carriage Brooke Drive
Wellington, FL 33414

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Manuel L. Soto III
1550 Carriage Brooke Drive
Wellington, FL 33414

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

 Manuel L. Soto III

Signature/Registered Agent

4-15-08

Date

 Manuel L. Soto III

Signature/Incorporator

4-15-08

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 18 PM 2:36

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