

P08000084450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

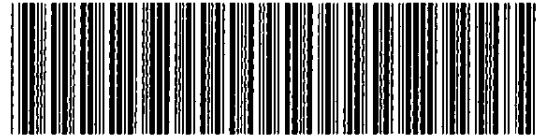
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2008 SEP 15 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch SEP 15 2008

COVER LETTER

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

SUBJECT: Florida Pain Management Group 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: MARSHA JUREIDINI
Name (Printed or typed)

5921 MANCHESTER WAY
Address

TAMARAC, FL 33321
City, State & Zip

954-670-4523
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

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2008 SEP 15 PM 4: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Florida Pain Management Group Inc.

ARTICLE II PRINCIPAL OFFICE

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

STREET ADDRESS: 3521 NW 20TH STREET, COCONUT CREEK, FL 33066

MAILING ADDRESS: 5921 MANCHESTER WAY, TAMARAC, FL 33321

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL CORPORATION

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):

DIRECTOR - MARSHA JUREIDINI - 5921 MANCHESTER WAY, TAMARAC, FL 33321

DIRECTOR - RACHEL GIRRBACH - 3521 NW 20TH STREET, COCONUT CREEK, FL 33066

ARTICLE VI REGISTERED AGENT

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

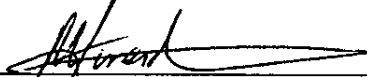
MARSHA JUREIDINI - 5921 MANCHESTER WAY, TAMARAC, FL 33321

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

RACHEL GIRRBACH - 3521 NW 20TH STREET, COCONUT CREEK, FL 33066

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

9/10/2008

Date



Signature/Incorporator

9/10/2008

Date