

P08000104652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

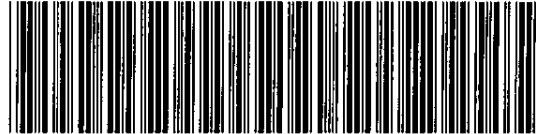
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200138172572

11/26/08--01008--002 **70.00

FILED

2008 NOV 26 A 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

88-1-21

RICHARD B. PETIGROW

Attorney at Law

9900 W. Sample Road

Suite 300

Coral Springs, Florida 33065

Member of
Florida and New Jersey Bars

(954) 341-4992

Facsimile

(954) 340-3710

File #

1327-1

November 25, 2008

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

Re: LAKE WORTH PAIN MANAGEMENT
SPECIALISTS, INC.

Dear Sir/Madam:

Enclosed for filing please find an original and copy of the Articles Of Incorporation of LAKE WORTH PAIN MANAGEMENT SPECIALISTS, INC. together with the Acceptance Of Registered Agent. Kindly file the original and upon filing return a stamped filed copy of the documents to me.

This firm's check in the amount of \$70.00 is enclosed.

If you have any questions, please do not hesitate to contact me.

Sincerely,



RICHARD B. PETIGROW

FILED
2008 NOV 26 A 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
LAKE WORTH PAIN MANAGEMENT SPECIALISTS, INC.

* * * * *

Signed by the undersigned for the purpose of forming a corporation under the Florida Business Corporation Act.

FIRST: The name of the corporation is LAKE WORTH PAIN MANAGEMENT SPECIALISTS, INC.

SECOND: The purposes for which this corporation is organized are to engage in any activity within the purposes for which corporations may be organized under the Florida Business Corporation Act.

THIRD: The address of the corporation's initial registered office and the name of the corporation's initial registered agent at such address are Craig S. Selinger, 7749 Lake Worth Road, Lake Worth, Florida, 33467.

FOURTH: The initial principal office and mailing address of the Corporation shall be located at 7749 Lake Worth Road, Lake Worth, Florida, 33467.

FIFTH: The total authorized capital stock of the corporation shall consist of one thousand (1,000) shares without par value.

SIXTH: The number of directors constituting the first Board of Directors is one (1) and the name and address of the person who is to serve as such director is:

Craig S. Selinger
7749 Lake Worth Road
Lake Worth, Florida, 33467

SEVENTH: A director or officer of the Corporation shall not be personally liable to the Corporation or its shareholders for monetary damages for breach of fiduciary duty as a director or officer, except for liability (a) for any breach of the director's or officer's duty of loyalty to the Corporation or its shareholders, (b) for acts or omissions not in good faith or that involve intentional misconduct or a knowing violation of law, (c) for any transaction from which the director or officer derived an improper personal benefit, or (d) expressly provided under the Florida Business Corporation Act. If the Florida Business Corporation Act is hereafter amended to authorize the further elimination or limitation of the liability of directors and officers then the liability of a director or officer of the Corporation, in addition to the limitation on personal liability provided herein, shall be eliminated or limited to the fullest extent permitted by the Florida Business Corporation Act, as so amended.

EIGHTH: The name and address of the incorporator is
Craig S. Selinger, 7749 Lake Worth Road, Lake Worth, Florida, 33467.

IN WITNESS WHEREOF, these Articles of Incorporation have
been signed this 12 day of November, 2008.



Craig S. Selinger
Sole Incorporator

ACCEPTANCE OF REGISTERED AGENT

PURSUANT TO THE PROVISIONS OF THE FLORIDA BUSINESS CORPORATION ACT, LAKE WORTH PAIN MANAGEMENT SPECIALISTS, INC. HEREBY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the corporation is LAKE WORTH PAIN MANAGEMENT SPECIALISTS, INC.

2. The name and address of the registered agent and office is Craig S. Selinger, 7749 Lake Worth Road, Lake Worth, Florida, 33467.

Having been named as registered agent and to accept the service of process for the above stated corporation at the place designated in this Acceptance, 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.


Craig S. Selinger

DATE

11/12/08

2008 NOV 26 A 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED