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## COVER LETTER

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

SUBJECT: Pain management Incorporated  
(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: Steven Edson DC  
Name (Printed or typed)

601 East Sample Rd. Ste. 104  
Address

Pompano Beach florida 33064  
City, State & Zip

954-661-8602  
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: Pain management Incorporated

### ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is: 601 E. Sample Rd.  
Suite 104  
Pompano Beach FL 33064

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide medical services for  
people with chronic pain conditions.

### ARTICLE IV SHARES

The number of shares of stock is: 1000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Dr. Steven A. Edson DC  
3927 NW 89th Ave  
Coral Springs FL 33065

### ARTICLE VI REGISTERED AGENT

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

Dr. Steven A. Edson DC  
3927 NW 89th Ave  
Coral Springs FL 33065

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Dr. Steven A. Edson DC  
3927 NW 89th Ave  
Coral Springs FL 33065

\*\*\*\*\*

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

Dr. Steven A. Edson DC

Signature/Registered Agent

1-15-09

Date

Dr. Steven A. Edson DC

Signature/Incorporator

1-15-09

Date