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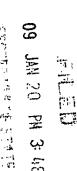
(Rec	questor's Name)	
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## **COVER LETTER**

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

SUBJECT:	OAIN MANAGEMEN (PROPOSED CORPORA	T T T T C O C P C T T T T T T T T T T T T T T T T T	Corated LUDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	d a check for:
	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status
FROM:		<b>21</b>	Rd. Ste.
	PomPano Beac	Address  L flor/da  V, State & Zip	33664
	954-661-		

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) The name of the corporation shall be: Pain management Incorporated ARTICLE I ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 60/ E. Sample Rd. Suite 104 Pampano Beach &1 33064 ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: Provide medical Services for people with chronic pain conditions. ARTICLE IV 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 w ARTICLE VI REGISTERED AGERM The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Dr. Steven A. Edson 3927 NW 89 12 AUR Coral Springs fl 33065 Dr. Steven A. Edson DC 3927 NW 89th Ave The <u>name and address</u> of the Incorporator is: 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 1-15-09 Date 1-15-09