

P090000010941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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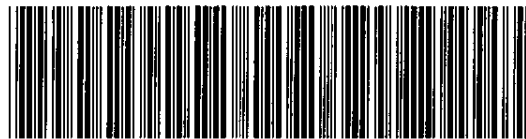
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/15/09--01036--016 **78.75

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TALLAHASSEE, FLORIDA

Ep 2/4/09

W09000003117

MyCorporation
An Intuit Company

intuit

21215 Burbank Blvd, Ste. 400
Woodland Hills, CA 91367

Toll-Free: 888-692-6771 | Direct: 818-436-8225 | FAX: 818-879-8005
E-mail: info@mycorporation.com

ROUTINE SERVICE FILING REQUEST

Tuesday, December 30, 2008

Division of Corporations
Florida Department of State
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: *Interventional and Integrative Pain Management*, P.A.

Ladies and Gentlemen:

Please find enclosed for filing Articles of Incorporation for the above referenced company.

Enclosed is a check in the amount of \$78.75 for filing and for a **certified copy**.

Please return the certified copy to the address below.

Thank you for your assistance.

Sincerely,

MyCorporation, an Intuit Company
Attn: Fulfillment Dept.
21215 Burbank Blvd. Ste. 400
Woodland Hills, CA 91367



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 21, 2009

MYCORPORATION, AND INTUIT COMPANY
21215 BURBANK BLVD. STE. 400
WOODLAND HILLS, CA 91367

SUBJECT: INTERVENTIONAL AND INTEGRATIVE PAIN MANAGEMENT, P.C.
Ref. Number: W09000003117

We have received your document for INTERVENTIONAL AND INTEGRATIVE PAIN MANAGEMENT, P.C. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The only acceptable corporate suffixes for professional associations are PROFESSIONAL ASSOCIATION, P.A., and CHARTERED.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6062.

Eula Peterson
Regulatory Specialist II
New Filing Section

Letter Number: 809A00002219

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**Articles of Incorporation
of
Interventional and Integrative Pain Management, P.A.
A Florida Professional Service Corporation**

In compliance with Chapter 607 and/or Chapter 621, Florida Statutes:

ARTICLE I - Name:

The name of the Corporation shall be Interventional and Integrative Pain Management, P.A.

ARTICLE II – Principal Office:

The principal place of business is:

2100 Sunrise Blvd, Suite B
Fort Pierce, FL 34982

ARTICLE III – Purpose:

The specific purpose for which the corporation is organized is to engage in the practice of the profession of Doctor Of Medicine Or Surgery.

ARTICLE IV – Shares:

The number of shares of stock the corporation shall be authorized to issue is 1,500 at \$0.01 par value per share.

ARTICLE V – Initial Officers and/or Directors:

The name(s) of the initial officer(s); and/or the name(s) and address(es) of the initial director(s) are:

Officers:

President: Bradley Panton

Vice President:

Treasurer: Bradley Panton

Secretary: Bradley Panton

Directors:

Bradley Panton - 2451 S.W. Racquet Club Dr, Palm City, FL 34990

ARTICLE VI – Registered Agent

The name and the Florida street address of the registered agent are:

Bradley Panton
2451 S.W. Racquet Club Dr
Palm City, FL 34990

ARTICLE VII - Incorporator:

The name and address information of the incorporator is:

Bradley Panton - 2451 S.W. Racquet Club Dr, Palm City, FL 34990

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TALLAHASSEE, FLORIDA

Registered Agent Consent:

Having been named as registered agent and 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.

B. Pantan
Bradley Pantan, Registered Agent

Date: 1-4-09

Incorporator Signature:
B. Pantan
Bradley Pantan, Incorporator

Date: 1-4-09

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA