

P09000046242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

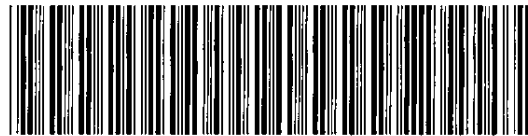
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/04/09--01063--002 \*\*78.75

FILED  
09 MAY 26 PM 3:26  
TALLAHASSEE, FLORIDA

W09000051204

**COVER LETTER**

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

**SUBJECT:** B & L PAIN MANAGEMENT CO. 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:** LAWRENCE WEINER  
Name (Printed or typed)

14323 MIRAMAR PARKWAY  
Address

MIRAMAR, FL 33027  
City, State & Zip

954-430-4210  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 6, 2009

LAWRENCE WEINER  
14323 MIRAMAR PARKWAY  
MIRAMAR, FL 33027

SUBJECT: B & L PAIN MANEGMENT CO. ~~LLC~~  
Ref. Number: W09000021204

We have received your document for B & L PAIN MANEGMENT CO. ~~LLC~~ 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 corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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: 209A00015280

**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:

*MANAGEMENT*  
B & L PAIN MANAGEMENT CO., LLC

**ARTICLE II PRINCIPAL OFFICE**

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

14323 MIRAMAR PARKWAY MIRAMAR , FL 33027

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

PROFESSIONAL MEDICAL

**ARTICLE IV SHARES**

The number of shares of stock is:

2000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

LAWRENCE WEINER 14323 MIRAMAR PARKWAY MIRAMAR , FL 33027 PRESIDENT  
BRANDON HOCHMAN 14323 MIRAMAR PARKWAY MIRAMAR , FL 33027 VICE PRESIDENT

**ARTICLE VI REGISTERED AGENT**

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

BRANDON HOCHMAN 14323 MIRAMAR PARKWAY MIRAMAR , FL 33027

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

BRANDON HOCHMAN 14323 MIRAMAR PARKWAY MIRAMAR , FL 33027

09 MAY 26 PM 3:24  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE

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*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*

*[Handwritten Signature]*  
\_\_\_\_\_  
Signature/Registered Agent

*4/22/09*  
\_\_\_\_\_  
Date

*[Handwritten Signature]*  
\_\_\_\_\_  
Signature/Incorporator

*4/22/09*  
\_\_\_\_\_  
Date