

PD9000056126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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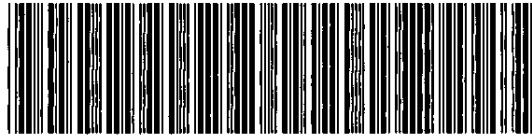
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/30/09--01001--011 **78.75

FILED
RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2009 JUN 29 AM 10:53
TALLAHASSEE, FLORIDA
NOT INTENDED
TO ACKNOWLEDGE
EFFICIENCY OF FILING
PM 4:15

6/30



UCC FILING & SEARCH SERVICES, INC.
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HOLD
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June 29, 2009

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Advanced Care Pain Management Center, Inc.

Filing Evidence

- ☐ Plain/Confirmation Copy
- ☒ Certified Copy

Retrieval Request

- ☐ Photocopy
- ☐ Certified Copy

Type of Document

- ☐ Certificate of Status
- ☐ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to Include Articles & Amendments
- ☐ Fictitious Name Certificate
- ☐ Other

| NEW FILINGS | |
|-------------|-------------------|
| X | Profit |
| | Non Profit |
| | Limited Liability |
| | Domestication |
| | Other |

| AMENDMENTS | |
|------------|------------------------------------|
| | Amendment |
| | Resignation of RA Officer/Director |
| | Change of Registered Agent |
| | Dissolution/Withdrawal |
| | Merger |

| OTHER FILINGS | |
|---------------|------------------|
| | Annual Reports |
| | Fictitious Name |
| | Name Reservation |
| | Reinstatement |

| REGISTRATION/QUALIFICATION | |
|----------------------------|-------------------|
| | Foreign |
| | Limited Liability |
| | Reinstatement |
| | Trademark |
| | Other |

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2009 JUN 29 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

1. The name of the Corporation shall be and is:

ADVANCED CARE PAIN MANAGEMENT CENTER, INC.

2. The duration of the Corporation shall be perpetual and the commencement of the Corporate existence shall be at the time of the filing of these Articles.

3. The general purpose of the Corporation shall be any lawful business for which a corporation may exist under Chapter 607 of the Florida Statutes.

4. The address of the principal office and the mailing address of the corporation are:

2339 South U. S. Highway One
Fort Pierce, FL 34982

5. The aggregate number of shares of stock of the Corporation shall be Seven Hundred Fifty (750) shares of common stock, each having a par value of One and No/100 (\$1.00) Dollar for a total authorized capitalization of Seven Hundred Fifty and No/100 Dollars (\$750.00). Each of such shares shall be entitled to one (1) vote and no other classes of stock are authorized.

6. The street address of its initial registered office and the name of its initial registered agent at such address are:

Roy T. Mildner
423 Delaware Ave.
Fort Pierce, FL 34950

7. The initial Board of Directors for the Corporation shall be one (1), his name and address being:

Darshan Shah
P. O. Box 4212
Vero Beach, FL 32964

8. The name and address of the incorporator hereof is:

Darshan Shah
P. O. Box 4212
Vero Beach, FL 32964

IN WITNESS WHEREOF, DARSHAN SHAH, the Incorporator, has hereunto set
his name and seal this 25th day of June, 2009.



Darshan Shah


ACKNOWLEDGMENT

STATE OF FLORIDA §
COUNTY OF ST. LUCIE §

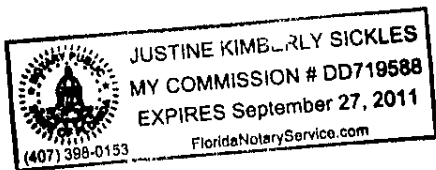
Before me, a Notary Public in and for said State and County personally appeared DARSHAN
SHAH, who is (✓) personally known to me or who has () produced _____
_____ as identification, who acknowledges himself to be the Incorporator of
ADVANCED CARE PAIN MANAGEMENT CENTER, INC. and that he signed his name to its
Articles of Incorporation for the purposes herein contained and to have the same recorded and filed
as such.

IN WITNESS WHEREOF, I have hereunto set my hand and Notarial Seal this 25th day of
June, 2009.

(Seal)



Notary Public
State of Florida
My Commission Expires:



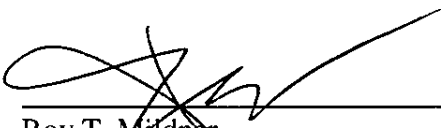
**CERTIFICATE DESIGNATING PLACE OF BUSINESS OF DOMICILE FOR THE
SERVICE OF PROCESS WITHIN THIS STATE NAMING AGENT
UPON WHOM PROCESS MAY BE SERVED**

In pursuance to Chapter 48.091, Florida Statutes, the following is submitted in compliance with said Act:

That ADVANCED CARE PAIN MANAGEMENT CENTER, INC. (a corporation for profit), desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Incorporation of the County of St. Lucie, State of Florida, has named Roy T. Mildner, 423 Delaware Ave., Fort Pierce, Florida 34950, as its agent to accept service of process within this State.

ACKNOWLEDGMENT

Having been named to accept service of process for the above stated Corporation, at the place designated in the Certificate, I hereby accept this act in this capacity and agree to comply with the provisions of said Act relative to keeping open said office.



Roy T. Mildner
423 Delaware Ave.
Fort Pierce, FL 34950

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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