

# Florida Department of State Division of Corporations Public Access System

## Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H09000221309 3)))



H09000221309ABC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**To:**

Division of Corporations  
Fax Number : (850) 617-6381

**From:**

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

09 OCT 15 PM 3:03

RECEIVED

## FLORIDA PROFIT/NON PROFIT CORPORATION

**jacksonville pain management, inc.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

<https://efile.sunbiz.org/scripts/efilcovr.exe>

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 OCT 15 A 10:37

FILED

60-31-01

ARTICLES OF INCORPORATION  
OF  
JACKSONVILLE PAIN MANAGEMENT, INC.

H09000221309

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: JACKSONVILLE PAIN MANAGEMENT, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:  
1550 NE Miami Gardens Drive, Suite 305, North Miami Beach, Florida 33179

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000,000 shares of common stock, par value \$.01.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is: Gene S. Rosen, Attorney At Law, 1550 NE Miami Gardens Drive, Suite 305, North Miami Beach, Florida 33179

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is: Gene S. Rosen, Attorney At Law, 1550 NE Miami Gardens Drive, Suite 305, North Miami Beach, Florida 33179

The undersigned has executed these Articles of Incorporation this 15 day of October, 2009.

  
Gene S. Rosen, Incorporator

Prepared By:  
Gene S. Rosen, Esq.  
Florida Bar #: 175752  
1550 NE Miami Gardens Drive, Suite 305  
North Miami Beach, FL 33179  
Telephone: 305-949-2113

2009 OCT 15 A 10:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

H09000221309

H09000221309

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section §607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

The name of the corporation is: JACKSONVILLE PAIN MANAGEMENT, INC.

1. The name and address of the registered agent and office is:

Gene S. Rosen, Attorney at Law,  
Name

1550 NE Miami Gardens Dr., Suite 305,  
Address

North Miami Beach, FL, 33179  
City, State, Zip Code



Gene S. Rosen- Incorporator

Date: October 15, 2009.

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 hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Signature: Gene S. Rosen

Date: October 15, 2009.

H09000221309