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Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : TEMPLE TERRACE ACCOUNTING & TAX, INC.  
Account Number : I19990000044  
Phone : (813) 988-5521  
Fax Number : (813) 989-8824

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**NBC Pain Management, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION  
OF  
NBC Pain Management, Inc.

The undersigned incorporator, for the purposes of forming a corporation under the Florida General Corporation Act, hereby adopts the following Articles of Incorporation:

ARTICLE I NAME

The name of the corporation shall be: NBC Pain Management, Inc.

The principal place of business of this corporation shall be:  
7402 N. 56<sup>th</sup> St. #865  
Tampa, Fl. 33617

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 1,000  
having a par value of \$1.00.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The names and street address of the initial officers and directors, if any, who shall hold office the first year of the corporation's existence or until their successors are elected, are:

Quaver White  
7402 N. 56<sup>th</sup> St. #865  
Tampa, Fl. 33617

H 09000263138 3

HD9000263138 3

ARTICLE VI INCORPORATOR

NAME

Quaver White

OFFICE

President

ADDRESS

7402 N. 56<sup>th</sup> St. #865  
Tampa, Fl. 33617

IN WITNESS WHEREOF, the undersigned incorporators have executed  
these

Articles of Incorporation this 18th day December, 2009

Signature of Incorporator

  
Quaver White

REGISTERED AGENT/REGISTERED OFFICE  
CERTIFICATE OF DESIGNATION

Pursuant to the provisions of Section 607.325, 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.

1. The name of the corporation: NBC Pain Management, Inc.
2. The name and address of the registered agent and office:

HD9000263138 3

HD9000263138 3

Quaver White

7602 N. 56<sup>th</sup> St. #865  
Tampa, Fl. 33617

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TALLAHASSEE, FLORIDA

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SIGNATURE: \_\_\_\_\_

*Q White*  
Quaver White

TITLE: President

DATE: December 18th, 2009

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE: \_\_\_\_\_

*Q White*  
Quaver White

DATE: December 18, 2009

HD9000263138 3