

# P100000018410

Florida Department of State  
Division of Corporations  
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.

((H10000046313 3)))



H100000463133ABCS

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

10 MAR - 1 PM 1:15

RECEIVED

\*\*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

Jacksonville pain and injury center, inc

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

10 MAR - 1 PM 12:07

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

McKnight MAR 02 2010

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

3/1/2010

H100000 46313

**ARTICLES OF INCORPORATION**  
**OF**  
**JACKSONVILLE PAIN AND INJURY CENTER, INC**

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 And Injury Center, Inc

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:  
1550 NE Miami Gardens Dr., Suite 305, North Miami Beach, FL 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, per value \$.01.

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

The name(s) and address(es) of the initial officer(s) and/or director(s) are:  
Sylvio Savidis 1550 NE Miami Gardens Dr., Suite 305, President/Director  
North Miami Beach, FL 33179.

**ARTICLE V 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 Dr., Suite 305, North Miami Beach, FL 33179

**ARTICLE VI INCORPORATOR**

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

The undersigned has executed these Articles of Incorporation this 1<sup>st</sup> day of March, 2010.

  
Gene S. Rosen, Incorporator

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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10 MAR - 1 PM 12:07

H100000 46313

H10 0000 46313

**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 And Injury Center, 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: March 1, 2010.

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: March 1, 2010

H10000046313

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10 MAR - 1 PM 12:07