

P100000028650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Georgina Santos **DAVE**

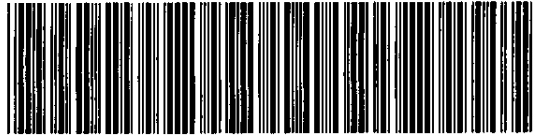
AUTHORIZATION BY PHONE TO

CORRECT Article VII

DATE 4/1/01

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03/31/10--01042--007 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAR 31 PM 2:43

APPROVED
AND
FILED

COVER LETTER

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

SUBJECT: ABC Pain Management, 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: Jose Salvador Santos MD

Name (Printed or typed)

6501 Sunset Strip

Address

Sunrise, Florida. 33313

City, State & Zip

954742-4667

Daytime Telephone number

santosmd@bellsouth.net

E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

APPROVED
AND
FILED

10 MAR 31 PM 2:45

ARTICLE I NAME

The name of the corporation shall be:

ABC Pain Management, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

6501 Sunset Strip, Sunrise, FL. 33313

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

I am a Legitimate Physician who wants to formalize a Pain Clinic.

ARTICLE IV SHARES

The number of shares of stock is:

500 share and \$1 each

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Jose S. Santos 6501 Sunset MD
Strip, Sunrise,
FL. 33313

ARTICLE VI REGISTERED AGENT

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

Jose Salvador Santos
6501 Sunset Strip, Sunrise, FL. 33313

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jose Salvador Santos
6501 Sunset Strip, Sunrise, FL. 33313

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

Dr. J. Salvador Santos M.D.
Signature/Registered Agent

3-25-10
Date

Dr. J. Salvador Santos M.D.
Signature/Incorporator

03-25-2010
Date