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(Requestor's Name)

(Address)

(Address)

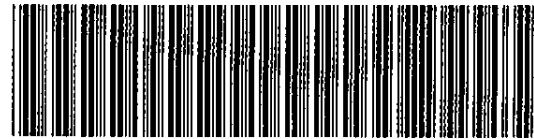
(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



700200890447

04/12/11--01012--009 **78.75

Special Instructions to Filing Officer:

AHMED MAHMOUD GAVE

AUTHORIZATION BY PHONE TO
CORRECT SUFFIX on Entity TO Read
Inc.

DATE 4-13-11

DOC EXAM: S. Collins

Office Use Only

FILED
2011 APR 12 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SC
4-13-11

COVER LETTER

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

SUBJECT: UNITED PAIN MANAGEMENT & REHAB, 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: AHMED MAHMOUD

Name (Printed or typed)

292 FOREST PARK CIR

Address

PANAMA CITY, FL 32405

City, State & Zip

(508) 414-1464

Daytime Telephone number

AMAHMOUD71@HOTMAIL.COM /

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

SECRETARY OF STATE
TALLAHASSEE, FL 32314

2011 APR 12 PM 3:30

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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)

ARTICLE I NAME

The name of the corporation shall be: United Pain Management & Rehab, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
292 FOREST PARK CIR
PANAMA CITY, FL 32405

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
PAIN MANAGEMENT AND REHAB CENTER

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: AHMED MAHMOUD - PRESIDENT
Address: 292 FOREST PARK CIR
PANAMA CITY, FL 32405

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: AHMED MAHMOUD
Address: 292 FOREST PARK CIR
PANAMA CITY, FL 32405

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: AHMED MAHMOUD
Address: 292 FOREST PARK CIR
PANAMA CITY, FL 32405

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

Ahmed Mahmoud

AHMED MAHMOUD

3/29/11

Required Signature/Registered Agent

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Ahmed Mahmoud

AHMED MAHMOUD

3/29/11

Required Signature/Incorporator

Date

2011 APR 12 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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