

FEB 27 2012 11:18AM

CAPITAL CONNECTION

NO 9184

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

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Account Name : YOUR CAPITAL CONNECTION, INC.  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
Pain Specialists of Florida P.A.

Certificate of Status	1
Certified Copy	1
Page Count	02
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L Burch FEB 28 2012

**COVER LETTER**

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

**SUBJECT: Pain Specialists of Florida P.A.**

(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: Peter Reiter

Name (Printed or typed)

2501 East Commercial Blvd Suite # 207

Address

Fort Lauderdale Florida 33308

City, State & Zip

954 530 7727

Daytime Telephone number

drpreiter@comcast.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)

**ARTICLE I NAME** Pain Specialists of Florida P.A.

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
2501 East Commercial Blvd. Suite # 207  
fort lauderdale florida 33308

Mailing address, if different, is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The specific nature of the business it to  
provide medical treatment to injured people

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Peter Reiter Pres  
Address: 2501 east commercial Blvd Suite # 207  
fort lauderdale fl 33308

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: Baher Yanni VP  
Address: 2501 east commercial Blvd Suite # 207  
fort lauderdale fl 33308

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: Peter Reiter  
Address: 2501 East Commercial Blvd. Suite # 207  
Fort Lauderdale FL 33308

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Peter Reiter  
Address: 2501 East Commercial Blvd. Suite # 207  
Fort Lauderdale FL 33308

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

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.

Required Signature/Incorporator

Date