

P12000030826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

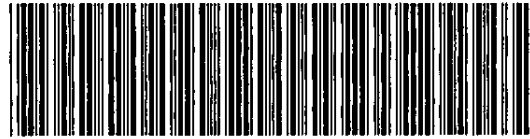
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

κ 03/30/12

COVER LETTER

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

SUBJECT: NATURECOAST PAIN ASSOCIATES, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: CHRISTOPHER M. FALLOWS
Name (Printed or typed)

70 N LECANTO HWY
Address

LECANTO, FLORIDA 34461
City, State & Zip

352-527-6699
Daytime Telephone number

gasman69@embarqmail.com
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 NATURECOAST PAIN ASSOCIATES, INC
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
70 N LECANTO HWY
LECANTO, FL 34461

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:

PROVIDE MEDICAL CARE

ARTICLE IV SHARES
The number of shares of stock is: 1,000.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>C. M. FALLOWS, PRESIDENT</u>	Name and Title: _____
Address: <u>70 N LECANTO HWY</u>	Address: _____
<u>LECANTO, FLORIDA 34461</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: C. M. FALLOWS
Address: 70 N LECANTO HWY
LECANTO, FLORIDA 34461

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: C. M. FALLOWS
Address: 70 N LECANTO HWY
LECANTO, FLORIDA 34461

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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 3-26-12 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 3-26-12 Date