

P12000081836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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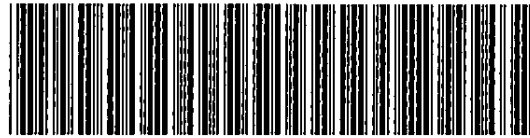
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/21/12--01028--004 \*\*87.50

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 SEP 26 AM 11:06

PS 9/27/12



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 24, 2012

ALTHEA RIVAS JOSEPH  
1600 S FEDERAL HWY, #390  
POMPANO BEACH, FL 33062

SUBJECT: BACK ON TRACK, INC  
Ref. Number: W12000048924

We have received your document for BACK ON TRACK, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Pamela Smith  
Regulatory Specialist II

Letter Number: 412A00023781

RECEIVED

12 SEP 26 AM 11:17

**COVER LETTER**

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

SUBJECT: **BACK ON TRACK MEDICAL BILLING, 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: **ALTHEA RIVAS JOSEPH**

Name (Printed or typed)

**1600 S FEDERAL HWY, #390**

Address

**POMPANO BEACH, FL 33062**

City, State & Zip

**954-942-8085**

Daytime Telephone number

**althea@sfpainandrehab.com**

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

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) **12 SEP 26 AM 11:06**

**ARTICLE I NAME** BACK ON TRACK MEDICAL BILLING, INC

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
**1600 S FEDERAL HWY, #390**  
**POMPANO BEACH, FL 33062**

Mailing address, if different is:

**SAME**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**ANY AND ALL LAWFUL BUSINESS**

**ARTICLE IV SHARES**

The number of shares of stock is: **ONE**

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

Name and Title: **DANNY S. FEDER**  
Address: **1600 S FEDERAL HWY, # 390**  
**POMPANO BEACH, FL 33062**

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: **STEVE KERMAN**  
Address: **1600 S FEDERAL HWY, #300**  
**POMPANO BEACH, FL 33062**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **DANNY S. FEDER**  
Address: **1600 S FEDERAL HWY, #390**  
**POMPANO BEACH, FL 33062**

*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

**9/25/12**  
\_\_\_\_\_  
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

**9/25/12**  
\_\_\_\_\_  
Date