

P/300089712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

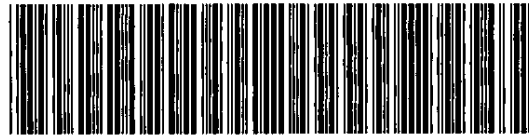
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status ☒

Special Instructions to Filing Officer:

Office Use Only



800253143888

10/31/13--01019--005 **78.75

SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 OCT 31 PM 12:14

[Handwritten signature]
10/31/13

COVER LETTER

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

SUBJECT: Florida Pain Medicine Research, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Rafael Miguel, M.D.
Name (Printed or typed)
935 Oakfield Drive
Address
Brandon, Florida 33511
City, State & Zip
813-571-7117
Daytime Telephone number
rmiguel@health.usf.edu
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

The name of the corporation shall be: Florida Pain Medicine Research, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

935 Oakfield Drive

Brandon, Florida 33511

Mailing address, if different is:

25 Treasure Drive

Tampa, Florida 33609

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rafael Miguel, MD, President and CEO

Address: 935 Oakfield Drive
Brandon, Florida 33511

Name and Title: Patricia Dyches, RN, COO

Address: 935 Oakfield Drive
Brandon, Florida 33511

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 OCT 31 PM 12:14

(conti.)

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: Rafael Miguel, M.D.

Address: 25 Treasure Drive
Tampa, Florida 33609

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rafael Miguel, M.D.

Address: 25 Treasure Drive
Tampa, Florida 33609

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

October 21, 2013

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

October 21, 2013

Date