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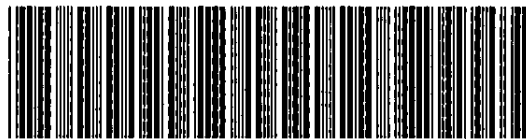
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR -5 PM 2:00

Handwritten signature and initials: 3, 14

ACCOUNTING MANAGEMENT SERVICES
2344 Crestover Lane, Wesley Chapel, Fl. 33544

January 30, 2012

Secretary of State
Division of Corporations
P.O. Bo x 6327
Tallahassee, Fl. 32314

RE: PAIN MANAGEMENT & REHAB CLINIC, P.A.

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$78.75.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

ACCOUNTING MANAGEMENT SERVICES

Minerva F. Ramos
President

P.S. Please be advised that you need to send this corporation back to us so we may finish the process for our client.

ARTICLES OF INCORPORATION

OF

PAIN MANAGEMENT & REHAB CLINIC, P.A.

A PROFESSIONAL CORPORATION

The undersigned, whom is duly licensed to engage in the practice of Internal Medicine services, within the State of Florida, desiring to form a professional corporation in accordance with Chapter 607 of the Florida Statutes and the Florida Professional Service Corporation Act, adopts the following Articles of Incorporation.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

PAIN MANAGEMENT & REHAB CLINIC, P.A.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida Law.

ARTICLE II - PURPOSE

The purpose for which the corporation is organized shall be to engage in the practice of Internal Medicine Services within the State of Florida, and to take all actions that are necessary or proper in connection with that practice.

The professional services of the Corporation shall be rendered only through officers, employees, and agents who are duly licensed or otherwise legally authorized to practice Internal Medicine services, within the State of Florida. Professional services shall be rendered in each case by the officer, employee, or agent designated solely by this Corporation, acting through its duly elected officers. This provision shall not be applicable to the extent it is in conflict with the law or the professional rule of the profession.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 1,000 Shares (Common) of ONE Dollar(s) (\$1.00) par value Common Stock, which shall be designated "Common Shares."

SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR -6 PM 2:00

ARTICLE V - INITIAL PRINCIPAL OFFICE AND AGENT

The principal office, if known, or the mailing address of the corporation is:

NAME: PAIN MANAGEMENT & REHAB CLINIC, P.A.
ADDRESS: 2309 W. Dr. Martin Luther Kings Blvd. Ste.5
CITY: Tampa, FL 33607

The name and address of the Initial Registered Agent of this Corporation is:

NAME: Jose S. Ramos
ADDRESS: 2344 Crestover Ln
CITY: Wesley Chapel, FL 33647

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) director initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director of the corporation are as follows:

NAME: Miguel A. Montoya, M.D. - President & Director
ADDRESS: 2309 W. Dr. Martin Luther Kings Blvd. Ste. 5
CITY: Tampa, FL 33607

NAME:
ADDRESS:
CITY:

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME: Miguel A. Montoya
ADDRESS: 2309 W. Dr. Martin Luther Kings Blvd. Ste. 5
CITY: Tampa, FL 33607

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 27th day of February, 2014.


Miguel A. Montoya

STATE OF FLORIDA
COUNTY OF PASCO

Before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Dr. Miguel A. Montoya known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that he executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 27th day of February, 2014.



(Notary Public, State of Florida at Large)



SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR -6 PM 2:00

CERTIFICATE AND ACKNOWLEDGMENT
OF REGISTERED AGENT

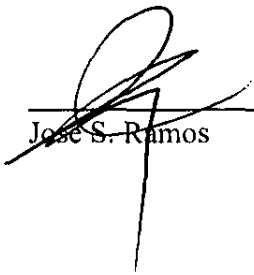
OF

PAIN MANAGEMENT & REHAB .CLINIC, P.A.

Pursuant to Florida Statutes Section 48.091, the following is submitted: The above corporation, desiring to organize under the Laws of the State of Florida with its registered office as indicated in the Articles of Incorporation at 2344 Crestover Ln, Wesley Chapel, Fl. 33544 has named JOSE S. RAMOS, located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGMENT

Having been named as Register Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.



Jose S. Ramos