

P 14000072152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies



Certificates of Status

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2014 AUG 14 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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W 14-5275



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2014

KIRIT BHALANI
325 CLAYDE MORRIS BLVD, #400
ORMOND BEACH, FL 32174

SUBJECT: ADVANCED PAIN MANAGEMENT, INC.
Ref. Number: W14000051275

We have received your document for ADVANCED PAIN MANAGEMENT, INC. and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The last page of your Articles of Incorporation was not enclosed.,

Please return the corrected original and one copy of 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.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 614A00018006

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: ADVANCED PAIN MANAGMENT, INC.

Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

KIRIT BHALANI

Contact Person

Firm/Company

325 CLYDE MORRIS BLVD, #400

Address

ORMOND BEACH, FL 32174

City, State and Zip Code

~~MBHALNI@AIM.COM~~

mbhalani@aol.com

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

For further information concerning this matter, please call:

KIRIT BHALANI

at **(386) 671-0600**

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$105.00 Filing Fees

☐ \$113.75 Filing Fees
and Certificate of
Status

☒ \$113.75 Filing Fees
and Certified Copy

☐ \$122.50 Filing Fees,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

FILED
2014 AUG 14 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

ADVANCE PAIN MANAGMENT, LLC -# L10000015983

Enter Name of Other Business Entity

2. The "Other Business Entity" is a **Limited Liability Company**
(Enter entity type. Example: limited liability company, limited partnership,
general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of **FLORIDA**
(Enter state, or if a non-U.S. entity, the name of the country)

on **12/04/06**
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

N/A

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

ADVANCED PAIN MANAGMENT, INC

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: _____
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

Signed this 15TH day of AUGUST, 2014.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: [Signature]
Printed Name: KIRIT BHALANI Title: PRESIDENT

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: [Signature]
Printed Name: KIRIT BHALANI Title: MEMBER

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (40610)

FILED

2016 AUG 14 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

ADVANCED PAIN MANAGEMENT, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

325 CLYDE MORRIS BLVD # 400

ORMOND BEACH, FL 32174

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PHYSICIAN OFFICE

ARTICLE IV SHARES 1000

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KIRIT BHALNAI-PRESIDENT

Name and Title: _____

Address: 680 JOHN ANDERSON DR
ORMOND BEACH, FL 32176

Address: _____

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: KIRIT BHALANI

Address: 680 JOHN ANDERSON DR
ORMOND BEACH, FL 32176

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: KIRIT BHALANI
Address: 680 JOHN ANDERSON DR
ORMOND BEACH, FL 32176

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

08/15/2014

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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

08/15/2014

Date