

P15000009531

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000022606 3)))



H150000228063ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 675-5944

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 JAN 29 PM 1:19

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
PAIN ASSOCIATION CENTER, CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 JAN 29 PM 2:57

JAN 30 2015

S. GILBERT

H15000022606

ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

PAIN ASSOCIATION CENTER, CORP.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

1800 SW 1 ST
SUITE #310
MIAMI FL 33135

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

FAUSTO P. CASTILLO, M.D.
1800 SW 1 ST
SUITE # 310
MIAMI FL 33135

15 JAN 29 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

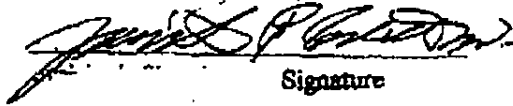
H15000022608

ARTICLE V - INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

FAUSTO P. CASTILLO, M.D.
1800 SW 1ST SUITE #310
MIAMI FL 33135

The undersigned incorporator has executed these Articles of Incorporation this
_____ day of _____ 20_____


Signature

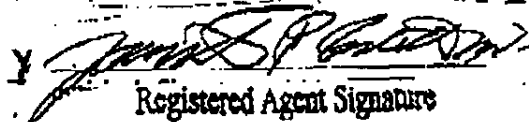
ARTICLE VI- DIRECTOR(S)

The name(s) and street address (es) of the director(s) to these Articles of
Incorporation is (are):

PRESIDENT: FAUSTO P. CASTILLO, M.D.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT
/REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity: I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.


Registered Agent Signature