

# P16000052284

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

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Account Number : I20130000019  
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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**FL PAIN AND REHAB CONSULTANTS P.A.**

Certificate of Status	0
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Page Count	03
Estimated Charge	\$70.00

JUN 20 2016

T. SCOTT

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06/17/2016 12:34  
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From: 7184882550 JOSEF STRAUSS

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**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

FL PAIN AND REHAB CONSULTANTS P.A.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
22151 Bella Lago Drive Apt 1207  
Boca Raton, FL 33433

Mailing address, if different is:  
22151 Bella Lago Drive Apt 1207  
Boca Raton, FL 33433

**ARTICLE III PURPOSE**

Physiatrist - Pain Management  
The purpose for which the corporation is organized is:

**ARTICLE IV SHARES**

200  
The number of shares of stock is:

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

Name and Title: Sina Menashchhoff, President

Address: 22151 Bella Lago Drive apt 1207  
Boca Raton, FL 33433

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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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:	Sina Menashchhoff
Address:	22151 Bella Lago Drive apt 1207
	Boca Raton, FL 33433

**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:

Name:	Sina Menashchhoff
Address:	22151 Bella Lago Drive apt 1207
	Boca Raton, FL 33433

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

<u>/s/ Sina Menashchhoff</u>	6/17/16
Required Signature/Registered Agent	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.*

<u>/s/ Sina Menashchhoff</u>	6/17/16
Required Signature/Incorporator	Date

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