

Division of Corporations

Page 1 of 2

**PH0000025785**

## 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.

(((H17000077140 3)))



H170000771403ABC.

**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 : CPLS, P.A.  
Account Number : I20030000109  
Phone : (407) 647-7887  
Fax Number : (407) 647-5396

**\*\*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

## NERVE CENTER OF KISSIMMEE, P.A.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

17 MAR 21 PM 12:48

FILED

17 MAR 21 PM 4:55

RECEIVED  
MAR 21 2017  
DIVISION OF CORPORATIONS

(((H17000077140 3)))

ARTICLES OF INCORPORATION  
OF  
NERVE CENTER OF KISSIMMEE, P.A.

The undersigned being the Sole Incorporator, Sole Director, and Sole Shareholder, a natural person competent to contract, who is a duly licensed medical doctor in the State of Florida, hereby subscribes to and adopts these Articles of Incorporation for the purpose of organizing a professional service corporation under the Florida Professional Service Corporation and Limited Liability Company Act, Florida Statutes Chapter 621, and the Florida Business Corporation Act, Florida Statutes Chapter 607.

ARTICLE I  
CORPORATE NAME

The name of this Corporation shall be: NERVE CENTER OF KISSIMMEE, P.A.

ARTICLE II  
PRINCIPAL OFFICE AND MAILING ADDRESS

The principal office and mailing address of this Corporation is: 1508 Village Oak Lane, Kissimmee, Florida 34746.

ARTICLE III  
PURPOSES

In accordance with Florida Statutes Section 621.08, this Professional Service Corporation is organized for the following purposes:

(a) To engage in the business of podiatric medicine as a professional service corporation, including, but not limited to administering treatment for neuropathy and chronic nerve conditions with the Neurogenx 4000 PRO and the Neurogenx Treatment Protocol, and to own and operate a medical clinic for the purposes of administering podiatry treatment, providing podiatric care, and treatment for neuropathy and chronic nerve conditions with the Neurogenx 4000 PRO and the Neurogenx Treatment Protocol.

(b) To promote medical and scientific research and knowledge; to furnish related laboratory and clinical services; and to own real and personal property, enter into contracts, and engage in any lawful business necessary for the rendering of professional medical services, including but not limited to podiatric services, including Professional Neurogenx Services.

(c) To invest its funds in real estate, mortgages, stocks, bonds or any other types of investments.

(((H17000077140 3)))

(((H17000077140 3)))

Nerve Center of Kissimmee, P.A.  
Articles of Incorporation; Page 2

(d) To do everything necessary, proper, or convenient to accomplish any of the purposes set forth in these articles, and to do every other act incidental to the corporate purposes which is not forbidden by Florida law or by the provisions of these Articles of Incorporation.

The purposes of this Corporation shall be carried out only through officers, employees, and agents, each of whom is licensed or otherwise legally qualified to render professional medical treatment, including, but not limited to the treatment for chronic nerve conditions in the State of Florida.

#### ARTICLE IV CAPITAL STOCK

The maximum number of shares of stock that this Professional Service Corporation is authorized to issue and have outstanding at any one time shall be ten thousand (10,000) shares of common stock having no par value.

None of the shares of this Professional Service Corporation may be issued to anyone other than: (a) an individual who is duly licensed to engage in the practice of medicine in the State of Florida or (b) a professional service corporation or a professional limited liability company which is wholly owned by one or more individuals who are duly licensed to engage in the practice of medicine in the State of Florida.

#### ARTICLE V TERM OF EXISTENCE

This Professional Service Corporation shall have perpetual existence.

#### ARTICLE VI REGISTERED OFFICE AND AGENT

The address of the Registered Office of this Professional Service Corporation is 1508 Village Oak Lane, Kissimmee, Florida 34746. The name of the Initial Registered Agent of this Professional Service Corporation at that address is Loretta V. Henderson, DPM.

#### ARTICLE VII BOARD OF DIRECTORS

The business of this Professional Service Corporation shall be managed by its Board of Director. The Initial Board of Directors shall consist of one (1) member. The name and address of the member of the first Board of Directors is:

Loretta V. Henderson, DPM  
6524 Bayboro Court  
Orlando, Florida 32829

(((H17000077140 3)))

(((H17000077140 3)))

Nerve Center of Kissimmee, P.A.  
Articles of Incorporation, Page 3

The member of the First Board of Directors shall hold office until her successor is elected and qualified as provided in the Bylaws of this Corporation. The number of Directors of this Corporation set forth in these Articles of Incorporation shall be the authorized number of Directors until that number is changed by or in accordance with the Bylaws of this Corporation.

**ARTICLE VIII**  
**INCORPORATORS**

The name and address of the person signing these Articles of Amendment of Articles of Incorporation and who is the Incorporator is:

Loretta V. Henderson, DPM  
6524 Bayboro Court  
Orlando, Florida 32829

**ARTICLE IX**  
**RESTRAINT ON ALIENATION OF SHARES**

No shareholder of this Professional Service Corporation may sell or otherwise transfer any shares of the capital stock of this Corporation to any person or entity other than to an individual or entity to which this Corporation may issue shares pursuant to Article IV hereof. The shareholder(s) and this Corporation may enter into a separate agreement further restricting the right of any shareholder to sell or otherwise transfer any shares of the capital stock of this Corporation and providing for the purchase or redemption of shares in the event of any shareholder's death, disability or temporary or permanent inability to engage in the practice of medicine, including, but not limited to podiatry and neuropathy treatment in the State of Florida or in the event of any other occurrence.

IN WITNESS WHEREOF, I, the undersigned, being the Sole Incorporator, Sole Shareholder and Sole Director hereinbefore named, for the purpose of forming a professional service corporation to do business under the laws of Florida, have executed these Articles of Amendment of Articles of Incorporation, hereby declaring and certifying that the facts herein stated are true, on this 21 day of March, 2017.

  
Loretta V. Henderson, DPM, Incorporator

(((H17000077140 3)))

(((H17000077140 3)))

Nerve Center of Kissimmee, P.A.  
Articles of Incorporation; Page 4


**NERVE CENTER OF KISSIMMEE, P.A.  
CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT AND REGISTERED OFFICE**

Pursuant to the provisions of Section 607.0501 of the Florida Statutes, the undersigned Corporation, organized under the laws of the State of Florida, submits the following statement in designating the Registered Office and Registered Agent of the Corporation in the State of Florida:

1. The name of the Corporation is: NERVE CENTER OF KISSIMMEE, P.A.
2. The name and address of the Registered Agent and Registered Office of the Corporation is:


Loretta V. Henderson, DPM  
6524 Bayboro Court  
Orlando, Florida 32829

**NERVE CENTER OF KISSIMMEE, P.A.**

By:   
Loretta V. Henderson, DPM  
Incorporator/Initial Director

**ACCEPTANCE BY REGISTERED AGENT**

Having been named the Registered Agent of L NERVE CENTER OF KISSIMMEE, P.A., the above stated Professional Service Corporation, at the 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 relating to the proper and complete performance of my duties, including Florida Statutes Section 607.0505, and I am familiar with and accept the obligations of my position as Registered Agent.

  
Loretta V. Henderson, DPM, Registered Agent  
Dated: March \_\_\_\_, 2017

(((H17000077140 3)))