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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
PAIN MEDICAL CENTER INC

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

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INFORMATION SERVICES

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)

H17000200113

ARTICLE I NAME: The name of the corporation is:

PAIN MEDICAL CENTER

Inc

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

1806 FLAMINGO RD

SUITE 450

Pembroke Pines FL 33028

ARTICLE III SHARES: The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

MIGUEL J AGUILERA

(P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Miguel J Aguilera

1806 Flamingo RD Suite 450

Pembroke Pines FL 33028

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

MIGUEL J AGUILERA

12108 SW 28TH ST MIRAMAR FL 33025

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Required Signatures:

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

Miguel Aguilera 07/31/2017
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.

Miguel Aguilera 07/31/2017
Incorporator Date

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Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that we, owners of Pain Medical Center Corp of Doc #
P17000056061
have dissolved the company and have no intention of reopening it. Thank
you for your help in this matter.

Very Sincerely,

Jnes M Omana
Aguilera

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