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Division of Corporations

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 : (305)675-5944 Fax Number

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FLORIDA PROFIT/NON PROFIT CORPORATION SOUTHCOAST PAIN MANAGEMENT, INC

Certificate of Status	0
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Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

	SOUTHCOAST PAIN MANAGEMENT, INC
	ARTICLE II PRINCIPAL OFFICE:
	The principal street address and mailing address is:
	1011 SUNNYBROOK ROAD, STE 901
	MIAMI, FL 33136
RTICL	E III SHARES: The number of shares of stock is: 100
	ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
	ORLANDO MORENO
	
A DT1	CLE V INITIAL REGISTERED AGENT AND STREET ADDRESS
The nar	ne and Florida street address (PO Box not acceptable) of the registered agent
1110 (141	1011 SUNNYBROOK ROAD, STE 901
	MIAMI, FL 33136
	Orlando Moreno
	Original Professional
ARTI	CLE VI INCORPORATOR: The name and address of the Incorporator
	ORLANDO MORENO
-	1011 SUNNYBROOK ROAD, STE 901
	MIAMI, FL 33136

Required Signatures:

Having been named as registered agent to accept servi corporation at the place designated in this certificate, appointment as registered agent and agree	
Registered (gest	02/25/2023 Date
I submit this document and affirm that the facts stated if the false information submitted in a document to the De third degree felony as provided for in s. \$17.155, F.S.	erein are true. I am aware that partment of State constitutes a
Insprovece	02/25/2023 Date