

P23000075494

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.

((H23000369888 3)))



H230003698883ABCE

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

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
PAINX MEDICAL CENTER, CORP

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

Electronic Filing Menu

Corporate Filing Menu

Help

2023 OCT 23 AM 7:05
SECRETARY OF STATE
TALLAHASSEE, FL

2023 OCT 23 PM 4:38
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:PainX Medical Center, Corp.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

175 West Ward Dr.Miami Springs, FL 33166**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Elvis Chorens P**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Elvis Chorens175 West Ward DrMiami Springs, FL 33166**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:ELVIS CHORENS175 WEST WARD DRMIAMI SPRINGS, FL 33166SECRETARY OF STATE
ALLAH/SS/FL

2023 OCT 23 AM 7:05

FILED

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



Registered Agent10-23-23

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.



Incorporator10-23-23

Date**FILED**

2023 OCT 23 AM 7:05

SECRETARY OF STATE
TALLAHASSEE, FL