

CORPORATION INFORMATION  
SERVICES, INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301  
904-222-9171  
904-222-0393 FAX

**CS networks**

MAIL TO:  
P.O. BOX 511211  
TALLAHASSEE, FL 32311

**P95000018245**

95 MAR -3 PM 12:18

DIVISION OF CORPORATION

ACCOUNT NO. : 072100000032

REFERENCE : 552639 129772A

AUTHORIZATION : *Patricia Poynter*

COST LIMIT : \$ 70.00

ORDER DATE : March 2, 1995

ORDER TIME : 10:38 AM

ORDER NO. : 552639

CUSTOMER NO: 129772A

000001420980

CUSTOMER: Mr. Tom Edwards  
MR. TOM EDWARDS

3401 Cypress Head Court

Tampa, FL 33618

DOMESTIC FILING

**P95000018245**

NAME: MANATEE PAIN & TRAUMA CENTER,  
INC.

*622501 5241671*  
*W95 4834*  
*Note: In Article VII, the Incorporator is not listed. Also, in the second "TRAUMA" name is spelled incorrectly?*

☒ ARTICLES OF INCORPORATION  
☐ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Debbie Skipper

EXAMINER'S INITIALS:

*RL*  
*3-7-95*  
*CI*

FILED  
95 MAR -6 PM 3:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham  
Secretary of State

95 MAR 12 07

March 6, 1995

CORPORATION INFORMATION SERVICES INC.  
1201 HAYS ST.  
TALLAHASSEE, FL 32301

SUBJECT: MANATEE PAIN & TRAMA CENTER, INC.  
Ref. Number: W95000004839

Resubmit 3-6-95

We have received your document for MANATEE PAIN & TRAMA CENTER, INC. and the authorization to debit your account in the amount of \$70.00. However, the document has not been filed and is being returned for the following:

IS "TRAMA" IN THE CORPORATE TITLE SPELLED CORRECTLY? ALSO, IN ARTICLE VII THE INCORPORATOR IS NOT LISTED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6930.

Tim Murphy  
Corporate Specialist

Letter Number: 395A00009784

ARTICLES OF INCORPORATION  
OF

MANATEE PAIN & TRAUMA CENTER, INC.

FILED  
95 MAR -6 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

MANATEE PAIN & TRAUMA CENTER, INC.

The address of the principal office of this corporation shall be 3139 Lakestone Drive, Tampa, Florida 33618, and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares of common stock having no par value per share.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 1201 Hays Street, Tallahassee, Florida 32301, and the name of the initial registered agent of the corporation at that address is Corporation Service Company.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. DIRECTORS

All corporate powers shall be exercised by or under the authority of, and the business and affairs of the corporation managed under the direction of its Board of Directors, subject to any limitation set forth in these Articles of Incorporation. This corporation shall have one Director, initially. The name and address of the initial member of the Board of Directors are:

Geoffrey Waterer


3139 Lakestone Drive  
Tampa, Florida 33618

ARTICLE VII. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation:

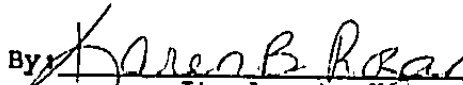
Corporate Agents, Inc.  
1201 Hays Street  
Tallahassee, Florida 32301

The undersigned incorporator has executed these Articles of Incorporation on March 3, 1995.

  
\_\_\_\_\_  
Incorporator  
Its Agent, Karen B. Rozar

ACCEPTANCE OF REGISTERED AGENT DESIGNATED  
IN ARTICLES OF INCORPORATION

Corporation Service Company, a Delaware corporation authorized to transact business in this State, having a business office identical with the registered office of the corporation named above, and having been designated as the Registered Agent in the above and foregoing Articles, is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

By   
\_\_\_\_\_  
Its Agent, Karen B. Rozar  
Authorized Service Representative  
Corporation Service Company

KWJ/dks

P95000018245

Mr. Geoffrey Waterer  
Medical Ventures, Inc.  
3139 Lakestone Drive  
Tampa, Florida 33618

City/State/Zip

PHONE #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) 500001890995  
-07/11/96--01052--018
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) \*\*\*\*\*35.00 \*\*\*\*\*35.00
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input checked="" type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILE JUL 10 1996

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 JUL 11 AM 11:28

**ARTICLES OF DISSOLUTION**

PURSUANT TO SECTION 607.1403, FLORIDA STATUTES, THIS  
FLORIDA PROFIT CORPORATION SUBMITS THE FOLLOWING ARTICLES OF  
DISSOLUTION:

FIRST: THE NAME OF THE CORPORATION IS :

**MANATEE PAIN & TRAUMA CENTER, INC.**

SECOND: THE DATE THE DISSOLUTION WAS AUTHORIZED:

**DECEMBER 31, 1995**

THIRD: ADOPTION OF DISSOLUTION:

**DISSOLUTION WAS APPROVED BY THE SHAREHOLDERS. THE  
NUMBER OF VOTES CAST FOR DISSOLUTION WAS SUFFICIENT  
FOR APPROVAL**

FOURTH: THE RETURN ADDRESS OF THE CORPORATION IS:

**C/O GEOFFREY WATERER  
3139 LAKESTONE DRIVE  
TAMPA, FL 33618**

SIGNED THIS 28<sup>th</sup> DAY OF May 1996.

Geoffrey Waterer  
GEOFFREY WATERER

President  
TITLE

FILED STATE  
SECRETARY OF CORPORATION  
96 JUL 11 AM 11:28