

TRANSMITTAL LETTER

**P950000 3336**

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

700001478157  
-05/03/95--01069--019  
\*\*\*122.50 \*\*\*122.50

SUBJECT: PAIN MANAGEMENT GROUP, INC  
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00      \$78.75      ☒ \$122.50      ☐ \$131.25

*James A. Lockhart* GAVE  
AUTHORIZATION BY PHONE FROM:  
CORRECTED *Asst. Sec. + check*  
DATE *4/28/95*  
DOC. EXAM. *BL*

JAMES A. LOCKHART

Name (printed or typed)

713 E. CARACAS ST

Address

TAMPA, FL 33603

City, State & Zip

813-931-0501

Daytime Telephone number

FILED  
95 MAR 28 PM 12:16  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

REGISTER APR 28 1995

NOTE: Please provide the original and one copy of the articles.

**ARTICLES OF INCORPORATION**  
**OF**

PAIN MANAGEMENT GROUP INC

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

**ARTICLE I NAME**

The name of the corporation shall be:

PAIN MANAGEMENT GROUP, INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

8019 N HINES AVENUE, #202, TAMPA FL 33614

**ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

JAMES A. LOCKHART  
713 E CARACAS ST  
TAMPA, FL 33603

FILED  
MAR 28 PM 12:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

JAMES A. LOCKHART  
713 E. CARACAS ST  
TAMPA, FL 33603

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

18 day of APRIL, 19 95.

James A. Lockhart  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Articles of Incorporation  
Filing Fee - \$35

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: PAID MANAGEMENT GROUP, INC.

2. The name and address of the registered agent and office is:

JAMES A. LOCKHART

(Name)

713 E. CARACAS ST.

(P.O. Box not acceptable)

TAMPA FL 33603

(City/State/Zip)

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95 MAR 28 PM 12:16  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE

Having been named as registered agent and to accept service of process for the above stated 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, and I am familiar with and accept the obligations of my position as registered agent.

James A. Lockhart  
(Signature)