

P457200 7/845

SEP 15 PM 12:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1000001586631  
-09/15/95--01095--020  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: North Pinellas Spine Center, 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  
Filing Fee

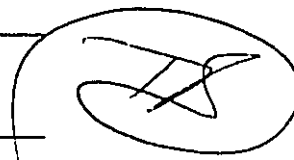
☒ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

FROM: Palgett Business Services  
Name (printed or typed)  
15 West Tarpon Avenue  
Address  
Tarpon Springs, FL 34689  
City, State & Zip  
(813) 934-7759  
Daytime Telephone number

9/15/95



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

## ARTICLES OF INCORPORATION

*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:

North Pinellas Spine Center, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

40347 US Hwy 19 Unit 112  
Tarpon Springs, FL 34689-4841

### ARTICLE III SHARES

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

Five-Hundred (500) Shares

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Mark D. Figler, president  
40347 US Hwy 19 Unit 112  
Tarpon Springs, FL 34689-4841

ARTICLE V INCORPORATOR(S)

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

Mark D. Figler  
5918 Derringer Court  
New Port Richey, FL 34655

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

12th day of September, 19 95.

Mark D. Figler  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**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.

RECEIVED  
SEP 12 1995  
PH 12-29  
OFFICE OF THE  
CLERK OF THE  
SUPREME COURT  
TALLAHASSEE, FLORIDA

1. The name of the corporation is: North Pinellas Spine Center, Inc.

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

Mark D. Figler

(Name)

40347 US Hwy 19 Unit 112

(P.O. Box not acceptable)

Tarpon Springs, FL 34689-4841

(City/State/Zip)

*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.*

Mark D. Figler  
(Signature)

September 12, 1995  
(Date)