2/01/94 FLORIDA DIVISION OF COMPRATIONS 2:16 PM (((1196) TO: D SARASOTA FL 34239 ALLAKĀSSEE, FL 32399 CONTACT: STEPHANIE ROBINSON FAX: (904) 922-4000 PHONE: (D41) 365 0040 FAX: (941) 365 0692 (((H96000001578))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A. NAME: SARASOTA PAIN MANAGEMENT CENTER, P.A. FAX AUDIT NUMBER: H96000001578 CURRENT STATUS: REQUESTED DATE REQUESTED: 02/01/1996 TIME REQUESTED: 14:15:55 CERTIFIED COPIES: 1 CERTIFICATE OF STATUS: 0 NUMBER OF PAGES: 4 METHOD OF DELIVERY: FAX ESTIMATED CHARGE: \$122.50 ACCOUNT NUMBER: 102331002046 Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document. (((H96000001570))) \*\* ENTER 'M' FOR MENU. \*\* ENTER SELECTION AND <CR>: reference-R96-476 ፈ– 833 ዓይ 20 : i Hd.



### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Becretary of State

February 2, 1996

JOHN SHEA, P.A.

SARASOTA, FL

SUBJECT: SARASOTA PAIN MANACEMENT CENTER, P.A.

REP: W96000002529

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

The specific nature of business of the professional association must be stated in the document.

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) 487-6934.

Loria Poola Corporate Specialist FAX Aud. #: H96000001578 Letter Number: 196A00004659 Fax Audit # H96000001578 ED 2: 07

# GARAGOTA PAIN HAMAGEMENT CENTER, P.A.

The undersigned, for the purpose of forming and organizing a corporation for profit under the provisions of the laws of the State of Florida, hereby adopts the following Articles of Incorporation:

#### ARTICLE I - NAME

The name of the corporation is SARASOTA PAIN MANAGEMENT CENTER, P.A.

#### ARTICLE II - PURPOSE

The purpose for which the Corporation is organized is the practice of medicine, and any other related things permitted by Florida law for a professional service corporation.

### ARTICLE III - PRINCIPAL OFFICE

The principal place of business and the mailing address of the corporation shall be 1261 South Tamiami Trail, Sarasota, Florida 34239.

# ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 1,000 shares of common stock having a par value of \$1.00. Each share of common stock shall entitle the holder hereof to one vote on each matter considered at any stockholder's meeting. Said share shall be paid for in lawful money of the United States of America or in property, labor or services rendered at a just valuation to be fixed by the Board of Directors and said share shall be deemed fully paid and nonassessable. The Corporation elects to have preemptive rights.

### ARTICLE V - DURATION

This corporation shall have perpetual existence unless sooner dissolved according to law.

### ARTICLE VI - SHAREHOLDER VOTING REQUIREMENTS

When a quorum exists at any meeting of the Shareholders, action on a matter, other than the election of Directors, is

Prepared by: John Shea, P.A. 2940 So. Tamiumi Trail Sarasota, FL 34239 941/365-8848 Florida Ber No. 261424 Fax Audit #\_H96000001578

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approved if the votes cast by the holders of not less than a majority of the shares represented at such meeting, and entitled to vote on the subject matter favor the action.

### ARTICLE VII - DIRECTORS

This corporation shall have an initial Board of Directors consisting of Five directors, whose names and street addresses are as follows:

	_		
N	n	м	г

### **ADDRESS**

WILLIAM MATILOY

1317 So. Lakcohore Dr. Sarapota, FL 34229

LEONARD MINDLIN

4073 Shell Rd. Sarasota, FL 34242

R. HAROLD NIPPERT

1530 Dluc Heron Rd. Sarasota, FL 34239

THOMAS NUTTER

1326 Quail Dr. Sarasota, FL 34231

RAFAEL SALINAS

5880 Tidewood Sarasota, FL 34231

# ARTICLE VIII - INCORPORATOR

The name and address of the incorporator of this corporation is as follows:

# NAME

#### ADDRESS

John Shea

2940 South Tamiami Trail Saragota, Florida 34239

#### ARTICLE IX - BYLAMS

The original Bylaws of this corporation shall be made, prepared and adopted by a majority vote of the initial Board of Directors as named herein. Thereafter, the Board of Directors, and the shareholders, shall have authority to adopt, amend, change, repeal or enlarge Bylaws as provided in the Bylaws from time to time.

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### ARTICLE X - INDEHNIERCATION

Subject to the laws of the State of Florida, this corporation shall indemnify and hold harmless its efficers and directors of and from any suits, actions, or judgments either civil or criminal arising out of any act alleged to have been committed by such person in his capacity as an officer or director if such officer or director acted in good faith and in the reasonable belief that such action was in the best interest of the corporation and in the event of criminal allegations without reasonable ground for belief that such action was unlawful. The corporation shall pay all costs, legal expenses, and other charges that said officers and directors may incur in the defense of any claim, suit or action that may be instituted against said officers in their individual capacity. It is the express purpose and intent that the corporation shall hold its officers and directors harmless from any action taken by them on its behalf to the full extent and limit permitted by law.

# ARTICLE XI - PAINCIPAL OPPICE AND REGISTERED AGENT

This corporation has named John Shea as its agent to accept service of process within the State. The street address of the initial registered office is 2940 South Tamiami Trail, Sarasota, Florida 34239.

IN WITNESS the foregoing	WHEREOF, t	he un	dersigned Incorpogae	incorpora ion this	tor has	execut day	
	1996.			-D			
			John	Shea			<del></del>

STATE OF FLORIDA COUNTY OF SARASOTA

The foregoing instrument was acknowledged before me this let day of February, 1996 by John Shea who is personally known to me or who has produced his Florida Driver's License as identification.

My commission expires:

Print Name Lephanie Kobinson
NOTARY PUBLIC

STEPHANE ROBINSON Motory Public, Salte of Florida My Comm. Expires June 4, 1998 Comm. No. CC 362930

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### ACKNOWLEDGMENT:

Having been named to accept service of process for the corporation, at the place designated above, I hereby accept the appointment of registered agent and agree to act in this espacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties and am familiar with and accept the obligation of any position as registered agent.

SAR-PAIN. ART

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