

CHARGED PLEASE ENTER YOUR PASSWORD TO ABANDON THIS PROCESS, ENTER 'N'

3/11/96

FLORIDA DIVISION OF CORPORATIONS

2:13 PM

PUBLIC ACCESS SYSTEM

((H96000003423))

ELECTRONIC FILING COVER SHEET

TO: DIVISION OF CORPORATIONS

FROM: FAB-T CORP. AGENTS, INC.

DEPARTMENT OF STATE

8405 NW 53RD ST

STATE OF FLORIDA

SUITE C-100

409 EAST GAINES STREET

MIAMI FL 33166-

-0000

TALLAHASSEE, FL 32399

CONTACT: LIDIA FERNANDEZ

FAX: (904) 922-4000

PHONE: (305) 599-0839

FAX: (305) 592-9591

((H96000003423))

DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: ALEXANDER PAIN CLINICS, INC.

FAX AUDIT NUMBER: H96000003423

CURRENT STATUS: REQUESTED

DATE REQUESTED: 03/11/1996

TIME REQUESTED: 14:33:35

CERTIFIED COPIES: 1

CERTIFICATE OF STATUS: 0

NUMBER OF PAGES: 3

METHOD OF DELIVERY: FAX

ESTIMATED CHARGE: \$122.50

ACCOUNT NUMBER: 071001002335

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.

((H96000003423))

** ENTER 'M' FOR MENU. **

3/11/96

FLORIDA DIVISION OF CORPORATIONS

2:34 PM

PUBLIC ACCESS SYSTEM

FILED

96 MAR 11 PM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DIVISION OF CORPORATIONS

96 MAR 11 PM 3:57

RECEIVED

ARTICLES OF INCORPORATION
OF

ALEXANDER PAIN CLINICS, INC.

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

ARTICLE I NAME

The name of the corporation shall be: ALEXANDER PAIN CLINICS, INC.

The principal place of business of this corporation shall be:
80 NW 107 AVE MIAMI FL 33172

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact 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 aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

100 SHARES OF COMMON STOCK OF ONE DOLLAR (\$1.00) PAR VALUE EACH

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

HERMES D. BORY, PRES.
80 NW 107 AVE MIAMI FL 33172

PREPARED BY: HERMES D. BORY
80 NW 107 AVE MIAMI FL 33172
(305) 227-3511

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 MAR 11 PM 4:51

FILED

H9600003423

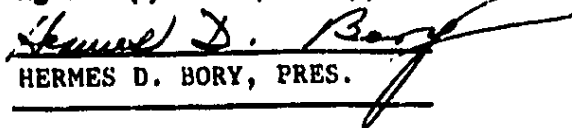
ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

HERMES D. BORY, PRES.
80 NW 107 AVE
MIAMI FL 33172

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 11TH day of MARCH, 1996

Signature(s) of Incorporator(s)


HERMES D. BORY, PRES.

H9600003423

H96000003423

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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: ALEXANDER PAIN CLINICS, INC.

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

HERMES D. BORY
80 NW 107 AVE MIAMI FL 33172

(P.O. BOX NOT ACCEPTABLE)

(CITY/STATE/ZIP)

SIGNATURE Hermes D. Bory
(corporate officer)

TITLE PRES.

DATE MARCH 11 1996

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE Hermes D. Bory

DATE MARCH 11 1996

REGISTERED AGENT FILING FEE:

H96000003423

P96000022145

Requestor's Name
Address
City/State/Zip Phone #

Office Use Only

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

1. (Corporation Name) (Document #)
2. (Corporation Name) (Document #)
3. (Corporation Name) (Document #)
4. (Corporation Name) (Document #)

RECEIVED
JUN -1 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

called 1/9
will call back
note out "initial"
Heard will call.
5/1 AM
DRC 5/1

**ARTICLES OF AMENDMENT TO
ARTICLES OF INCORPORATION**

OF

ALEXANDER PAIN CLINICS, INC.

FILED
97 MAY -1 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We the undersigned, being the President and Secretary of Alexander Pain Clinics, Inc., a Florida Corporation, hereby certify that the following Amendments were unanimously adopted by the Shareholder(s) and Director(s) of the corporation by unanimous written consent dated the 3rd day of December, 1996.

ARTICLE VI - DIRECTORS is hereby deleted in its entirety and replaced with the following:

ARTICLE VI

DIRECTORS

This corporation shall have one (1) director . . . The number of directors may be either increased or decreased from time to time by an amendment of the Bylaws of the corporation in the manner provided by law, but shall never be less than one (1). The names and addresses of the initial directors of this corporation are:

NAME

ADDRESS

Margarita R. Garcia

80 NW 107th Avenue
Miami, Fl. 33172

In all other respects, the Articles of Incorporation shall remain as they were prior to this Amendment being adopted.

IN WITNESS WHEREOF, we hereby set our hands and seals this 4th day of December 1996.

Bory Hermes
President

Attest:

Bory Hermes
Secretary

Corporate Seal

State of Florida
County of Dade

The foregoing instrument was acknowledged before me this 5th day of December, 1996,

Hermes D. Bory President and Secretary, respectively, who are personally known to me.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 5th day of December, 1996.

Edward Garcia
Notary Public
State of Florida

My commission expires:



EDWARD GARCIA
My Comm Exp. 12/13/98
Bonded By Service Ins
No. CC026058
☒ Personally Known ☐ Other & ID