

P96000088177

## TRANSMITTAL LETTER

000001971590  
-10/11/95--01042--011  
\*\*\*\*122.50 \*\*\*\*122.50Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT:

~~PROPOSED NAME CHANGE~~ *Veren Allen* 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

Additional Copy Required

FROM:

*Veren Allen*

Name (printed or typed)

*6106 Watersway*

Address

*Springhill Fla. 34607*

City, State &amp; Zip

*813-845-7400*

Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

96 OCT 25 AM 7:51

FILED

789,135,691  
096-21821NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

October 15, 1996

VERN ALLEN  
6106 WATERS WAY  
SPRINGHILL, FL 34607

SUBJECT: THE PAIN MANAGEMENT NETWORK, INC.  
Ref. Number: W96000021821

We have received your document for THE PAIN MANAGEMENT NETWORK, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for microfilming.

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) 487-6919.

Beth Register  
Corporate Specialist Supervisor

Letter Number: 296A00047128

*I sent him some new  
articles on the court  
he did not find them  
disgusting  
BETH 10/15/96*

## 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:

THE PAIN MANAGEMENT NETWORK ,INC

### ARTICLE II PRINCIPAL OFFICE

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

6106 WATERS WAY  
SPRINGHILL, FLA. 34607

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 5000 SHARES WITH A PAR VALUE OF TEN CENTS PER SHARE.

THESE SHARES ARE DESIGNATED COMMON SHARES.

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

VERN ALLEN  
6106 WATERS WAY  
SPRINGHILL ,FLA. 34607

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE V INCORPORATOR(S)**

See Instructions for officers/directors

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

VERN ALLEN  
6106 WATERS WAY  
SPRINGHILL, FLA. 34607

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

17<sup>th</sup> day of June, 19 96.

(An additional article must be added if an effective date is requested.)

  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: THE PAIN MANAGEMENT NETWORK, INC.
2. The name and address of the registered agent and office is:

VERN ALLEN  
(NAME)  
6106 WATERS WAY  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)  
SPRINGHILL, FLA. 34607  
(CITY/STATE/ZIP)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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.*

  
(SIGNATURE)

6-17-96  
(DATE)