

P97000070278



ACCOUNT NO. : 072100000032

REFERENCE : 495423 7134330

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : August 13, 1997

ORDER TIME : 11:16 AM

ORDER NO. : 495423-005

CUSTOMER NO: 7134330

CUSTOMER: Mr. Steven Petrozak  
STEVEN H. PETROZAK

21227 Us Highway 19, Ste 159d

Clearwater, FL 34625

700002266317--6  
-08/13/97-01089--026  
\*\*\*\*122.50 \*\*\*\*122.50

DOMESTIC FILING

NAME: PAIN RELIEF DIST., INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS: \_\_\_\_\_

FILED  
97 AUG 13 PM 3:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
97 AUG 13 PM 1:23  
DIVISION OF CORPORATION

SN AUG 13 1997

4

**ARTICLES OF INCORPORATION**

**FILED**  
97 AUG 13 PM 3:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 RELIEF OIST, INC

**ARTICLE II PRINCIPAL OFFICE**

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

21227 US HWY 19 SUITE 159D  
CLEARWATER, FL 34625

**ARTICLE III SHARES**

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

10,000

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

The name and address of the initial registered agent is:

BONNIE G. GLOVER  
21227 US HWY 19 SUITE 159D  
CLEARWATER, FL 34625

**ARTICLE V INCORPORATOR(S)**

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

BONNIE G GLOVER  
21227 US Hwy 19-159D  
CLEAR WATER, FL 34625

~~ALL~~

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

11 day of Aug, 19 97.

Bonnie G Glover  
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: PAIN RELIEF DIST INC

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

BONNIE G GLOVER  
(Name)

21227 US HWY 19 - 159D  
(P.O. Box not acceptable)

CLEARWATER, FL 34625  
(City/State/Zip)

FILED  
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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.*

Bonnie B Glover  
(Signature)

8/11/97  
(Date)