

P97000081774

TRANSMITTAL LETTER

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

SUBJECT: St. Petersburg Pain and Trauma, Inc.  
(Proposed corporate name - must include suffix)

200002302532--1  
-09/24/97--01080--009  
\*\*\*\*131.25 \*\*\*\*131.25

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: Leonard Strichman, MD  
Name (Printed or typed)

5622 Marine Parkway Suite #4  
Address

New Port Richey, Florida 34652  
City, State & Zip

(813) 449-1530  
Daytime Telephone number

FILED  
97 SEP 18 AM 10:56  
TALLAHASSEE, FLORIDA  
SECRET

W97-20545  
9/22/97

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



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

September 5, 1997

LEONARD STRICHMAN, MD  
5622 MARINE PARKWAY, STE. 4  
NEW PORT RICHEY, FL 34652

SUBJECT: ST. PETERSBURG PAIN AND TRAUMA, INC.  
Ref. Number: W97000020545

We have received your document for ST. PETERSBURG PAIN AND TRAUMA, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$131.25.

The corporate fees are as follows:

**CORPORATIONS FILING FEES**

Profit and NonProfit  
Florida & Foreign Corp.

Filing Fees	\$35.
Registered Agent Designation	\$35.
Certified Copy	\$52.50
Total Fee Due	\$122.50

Please return the original and one copy of 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 (850) 487-6924.

Sharon Tala  
Document Specialist Supervisor

Letter Number: 897A00044517

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be:

*St. Petersburg Pain and Trauma, Inc.*

### ARTICLE II PRINCIPAL OFFICE

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

*25 Second Street North Suite 180  
St. Petersburg, Florida 33701*

### ARTICLE III SHARES

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

*Twelve (12)*

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

*Leonard Strichman, MD  
5622 Marine Parkway, Suite #4  
New Port Richey, Florida 34652*

### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

*Leonard Strichman, MD  
5622 Marine Parkway Suite #4  
New Port Richey, Florida 34652*

*LS*

Signature/Incorporator

*8/29/97*

Date

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

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

*LS*

Signature/Registered Agent

*8/29/97*

Date