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ACCOUNT NO. : 072100000032

REFERENCE: 594984 81445B

AUTHORIZATION ;

ORDER DATE: November 10, 1997

ORDER TIME : 10:19 AM

ORDER NO. : 594984-005

300002342553--8

CUSTOMER NO:

81445B

CUSTOMER: Michael R. Mckinley, Esq

BATSEL MCKINLEY ITTERSAGEN &

GUNDERSON, P.A.

18401 Murdock Circle

Port Charlotte, FL 33948

#### DOMESTIC FILING

NAME:

C.A.S. PAIN MANAGEMENT

SERVICE, 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: Kim Clemons

EXAMINER'S INITIALS:

#### ARTICLES OF INCORPORATION

OF

### FILED 97 NOY 10 PH 1:28 SECRETARY OF STATE TALLAHASSEE, FLORIE.

#### C.A.S. PAIN MANAGEMENT SERVICE, INC.

The undersigned subscriber to these Articles of Incorporation, a natural person competent to contract, hereby forms a corporation under the laws of the State of Florida.

#### ARTICLE 1. - NAME AND ADDRESS

The name of this corporation is **C.A.S. PAIN MANAGEMENT SERVICE, INC.**, a Florida corporation, and the principal office and place of business is located at 21202 Olean Boulevard, Port Charlotte, Florida, 33952.

#### ARTICLE 2. - DURATION OF CORPORATION EXISTENCE

This corporation shall exist perpetually.

#### **ARTICLE 3. - PURPOSES**

The general purposes for which this corporation is organized include the transaction of any or all lawful business for which corporations may be incorporated under the provisions of Chapter 607, Florida Statutes, as the same now exists or as it may hereafter be changed.

#### ARTICLE 4. - CAPITAL STOCK

The aggregate number of shares of stock this corporation is authorized to have outstanding at any time is 500 shares of common stock having a par value of \$1.00 per share. There shall be no other type or class of stock.

#### ARTICLE 5. - ADDRESS AND RESIDENT AGENT

The street address of the initial registered office of this corporation shall be 18401 Murdock Circle, Port Charlotte, Florida, 33948. The name of the initial registered agent at such address is Michael R. McKinley.

#### ARTICLE 6. - DIRECTORS

This corporation shall have three (3) directors initially. The number of directors may be increased or decreased from time to time by bylaws adopted by the shareholders, but shall never be less than one nor more than five.

#### ARTICLE 7. - INITIAL DIRECTORS

The name and post office address of the initial directors are:

Michael Morales

21202 Olean Boulevard Port Charlotte, Florida 33952

Abelardo Acosta

21202 Olean Boulevard Port Charlotte, Florida 33952 Louis K. Valente

21202 Olean Boulevard Port Charlotte, Florida 33952

#### ARTICLE 8. - INCORPORATOR

The name and post office address of the incorporator of this corporation is:

Michael R. McKinley

18401 Murdock Circle Port Charlotte, Florida 33948

#### ARTICLE 9. - AMENDMENT

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders and approved at a stockholders' meeting by a majority of the stock entitled to vote thereon, unless all the directors and all the stockholders sign a written statement manifesting their intention that a certain amendment to these Articles of Incorporation be made.

IN WITNESS WHEREOF, the undersigned has hereunto subscribed his name and affixed his seal this 6th day of November, 1997.

Signed, sealed and delivered in the presence of:

Witness

Printed Name: HEATHER D. BURNS

Printed Name:

Michael R. McKinley

STATE OF FLORIDA COUNTY OF CHARLOTTE

The foregoing instrument was acknowledged before me this

McKinley, who is personally known to me or who has produced who did (did not) take an oath.

day of May 1997, by Michael R. as identification and

1/1/2000

NOTARY/PUBLIC

KIMBERLY A. TAYLOR
MY COMMISSION # CC 530346
EXPIRES: March 4, 2000
Bonded Thru Notary Public Underwriters

## FILED

# CERTIFICATE DESIGNATING A REGISTERED AGENT AND REGISTERED OF 10 PH 1:29

SECRETARY OF STATE
In compliance with Section 48.091, Florida Statutes, the following is submitted: TALLAHASSEE, FLORIDA

C.A.S. PAIN MANAGEMENT SERVICE, INC., a Florida corporation, desiring to organize under the laws of the State of Florida with its principal office, as indicated in the articles of incorporation at Port Charlotte, County of Charlotte, State of Florida, has designated Michael R. McKinley, whose street address is 18401 Murdock Circle, Port Charlotte, Florida, as its agent to accept service of process within this state.

#### **ACCEPTANCE**

Having been designated as agent to accept service of process for the above-named corporation, at the place stated in this certificate, I hereby agree to act in this capacity and to comply with the provision of said law relative to same.

Registered Agent

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