

P98000094005

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

SUBJECT: MEDCARE + OUTPATIENT PAIN AND TREATMENT CENTER, INC
(Proposed corporate name - must include suffix)

600002680066--8
-11/04/98--01041--023
*****78.75 *****78.75

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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: MICHAEL S. SPEROUNES C/O MEDCARE
Name (Printed or typed)

1404A Whitfield Ave
Address

SARASOTA, FL 34243
City, State & Zip

813 244 9779
Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 NOV -4 PM 3:17

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

11-5
WS

**ARTICLES OF INCORPORATION
OF
MEDCARE+ OUTPATIENT PAIN AND TREATMENT CENTER, INC.**

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:

MEDCARE+ OUTPATIENT PAIN AND TREATMENT CENTER, INC.

ARTICLE II PRINCIPLE OFFICE

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

1404a Whitfield Rd.
Sarasota, Florida 34243

ARTICLE III SHARES

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

1000 Share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

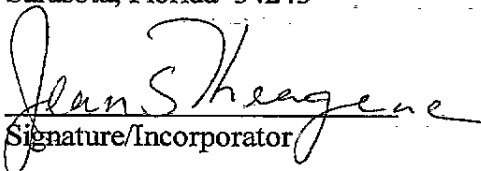
The name and address of the initial registered agent are:

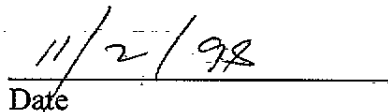
Jean Theagene
1404a Whitfield Rd.
Sarasota, Florida 34243

ARTICLE V INCORPORATOR

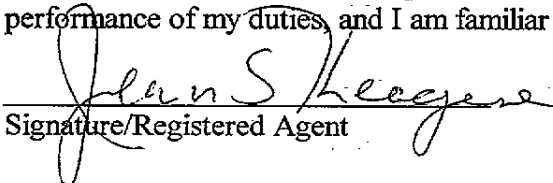
The name and address of the incorporator to these Articles of Incorporation are:

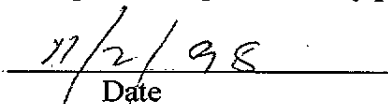
Jean Theagene
1404a Whitfield Rd.
Sarasota, Florida 34243


Signature/Incorporator


Date

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 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/Registered Agent


Date

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